MARYLAND STATE DEPARTMENT OF HEALTH

12408

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevenville
STREET ADDRESS (If rural, give location) Silver Spring R.F.D # 2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Plummer	Waters	Allnutt	Dec.	9	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Divorced	Oct. 28, 1918	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own farm	Seneca, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Smith W. Allnutt, Sr.	Margaret Waters Allnutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Miss Fannie W. Allnutt, 8209 Grove St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage due to	4½ hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) fracture of skull	
	(c)	

8255
170c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: fracture left leg.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway	(CITY OR TOWN) Silver Spring	(COUNTY) Monty	(STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? Auto Accident		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bronhart M.D.	Gaithersburg Md	12-9-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/11/50	Union Cemetery	Burtonsville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/10/50	J. Hilton Doll	Warner E. Pumphrey	8434 Ga. Ave., Silver Spring, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12410

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 2440 16th Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) Jane (Middle) Irene (Last) BAASEN

4. DATE OF DEATH: (Month) (Day) (Year) December 14, 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 3, 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months 01 Days 12; If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Hugh MASTERSON

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. - - - - - - -

17. INFORMANT AND ADDRESS: Husband: Frank H. BAASEN

18. MEDICAL CERTIFICATION Same as Item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 2 hours

420.0 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — Interval Between Onset and Death: Unknown

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 22, 1950, to Dec 14, 1950, that I last saw the deceased alive on Dec 14, 1950, and that death occurred at 1:12 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E.M. SPAULDING, CDR, MC, USN

ADDRESS: U.S. NAVAL HOSPITAL

DATE SIGNED: December 14, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec 18,1950

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Dec 14,1950

REGISTRAR'S SIGNATURE: Edith L. Washington

24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers, 1400 Chapin St., N.W., Washington, D.C.

Cmyk.

RECEIVED
DEC 16 1950
U.S.

Item 3: Dr. Broschart's statement filmed 7-17-51 G134 LL

12411

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 1 1/2 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 6101 Goldsboro Rd.

3. NAME OF DECEASED (Type or Print) (First) MARGARET V. (Middle) BAYLOUS (Last) BARNES

4. DATE OF DEATH (Month) 12 (Day) 25 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 18 Oct. 1913
9. AGE last birthday 37 yrs. If under 1 year Months 2 Days 7 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pub. Relations Assistant
10b. KIND OF BUSINESS OR INDUSTRY U.S. Pub. Health
11. BIRTHPLACE (State or foreign country) W. Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Walter S. Baylous
14. MOTHER'S MAIDEN NAME Gertrude Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT Harrison E. Barnes 6101 Goldsboro Rd. Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Seconal Poisoning — 3 hrs.

970.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

163B (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 12-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit
DATE THEREOF 26 Dec. 1950
NAME OF CEMETERY OR CREMATORY Enon Cemetery
LOCATION (City, town, or county) (State) Salt Rock, W. Virginia
DATE REC'D BY LOCAL REG. 12-26-50
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

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RECEIVED
DEC 29 1950
BAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12412

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (In this place) 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Forest Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 109 Forest Ave

3. NAME OF DECEASED (Type or Print) (First) Hannah (Middle) (Last) Berman

4. DATE OF DEATH (Month) Dec (Day) 3 (Year) 1950

5. SEX Fe
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 1-30-1872
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. Md
12. CITIZEN OF WHAT COUNTRY? N.S.G.

13. FATHER'S NAME Abraham Levy
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Julian Brylawski

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J Brockhart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 12-3-50

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF Dec. 5, 1950
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) Suitland Md. (State)

DATE REC'D BY LOCAL REG. 12/3/50
REGISTRAR'S SIGNATURE Robert E. Jones Jr.
24. FUNERAL DIRECTOR Joseph Gawlers Son 1756 Park Ave. N.W. Wash. D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
DEC 8 1980

12413

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,200 Cherry Tree Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10200 Cherry Tree Lane

3. NAME OF DECEASED (Type or Print) (First) ALBERT (Middle) JAMES (Last) BLADEN
4. DATE OF DEATH (Month) 12 (Day) 13 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 13, 1891
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamfitter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Andrew Thomas Bladen
14. MOTHER'S MAIDEN NAME Frances Norton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-03-8705
17. INFORMANT AND ADDRESS Mrs. Ellen McW. Bladen, 10200 Cherry Tree, Lane, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	25 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
940	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 1947, to Dec 12, 1950, that I last saw the deceased alive on Dec 12, 1950, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE Merritt M. Cross (Degree or title) M.D. ADDRESS 8248 Georgia Ave Silver Spring, Md. DATE SIGNED 12/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/15/50
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Prince George County, (State) Md.

DATE REC'D BY LOCAL REG. 12/14/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave., Silver Spring, Maryland

348V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 16 1969
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12414

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11717 Brandview ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 11717 Brandview ave

3. NAME OF DECEASED (Type or Print): (First) Otis (Middle) Delaney (Last) Boyle
4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 12, 1883
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing Supplies
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Boyle
14. MOTHER'S MAIDEN NAME: Suzanne —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 578-07-1229
17. INFORMANT AND ADDRESS: Mrs O. D. Boyle 11717 Brandview ave. Silver Spring, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 8 days

420.1 / 9da

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 15, 1950, to Dec. 18, 1950, that I last saw the deceased alive on Dec. 17, 1950, and that death occurred at 9 A.m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Marian Bamford M.D. 8691 Sutton Place Silver Spring, Md. 12/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/20/50 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county): Prince Geo. County — (State): Md.

DATE REC'D BY LOCAL REG.: 12-19-50 — REGISTRAR'S SIGNATURE: Frances Porter — 24. FUNERAL DIRECTOR: Warner & Pumphrey — ADDRESS: 8434 Ga. Ave., Silver Spring Maryland

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RECEIVED
DEC 28 1950
BUREAU V. S

12415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5612 Wis., Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Rockville Pike, Md.

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) G. (Last) BRANDENBURG

4. DATE OF DEATH (Month) Dec., (Day) 27, (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 1, 1866
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Goodacre
14. MOTHER'S MAIDEN NAME Isabelle ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS 4107 Fordham Rd., N.W. Mr. Jeremiah McCarty, Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	5 days
900.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple Contusions	7 days
186a	(c) Generalized Arteriosclerosis	15 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Washington (COUNTY) (STATE) DC
TIME OF INJURY (Month) (Day) (Year) (Hour) 12-20-50 m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Tripped & fell down apt house stairs

22. I hereby certify that I attended the deceased from 12-6, 1949, to 12-27, 1950, that I last saw the deceased alive on 12-27, 1950, and that death occurred at 5 30 P m., from the causes and on the date stated above.

SIGNATURE Walter K. Myers (Degree or title) M.D. ADDRESS 1934 Eye St. N.W. Washington DC DATE SIGNED 12/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/29/50
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 12-27-50
REGISTRAR'S SIGNATURE Helen Kurvaak
24. FUNERAL DIRECTOR Chevy Chase Funeral Home ADDRESS D.C.

DEC 30 1960
U. S.

12416

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Oakdale Montg. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville R#3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Calvin (Middle) (Last) Bready.
4. DATE OF DEATH (Month) 12 (Day) 15 (Year) 1950

5. SEX M
6. COLOR OR RACE N
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Mar 9 1859
9. AGE last birthday 91 yrs. If under 1 year Months 9 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME David F Bready
14. MOTHER'S MAIDEN NAME Octavia H Cashell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Arthur Bready

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uraemia	4 days
610X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prostatic Hypertrophy.	years.
137a	(c) Urinary retention	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/1, 1950, to 12/15, 1950, that I last saw the deceased alive on 12/13, 1950, and that death occurred at 9.40 P.m., from the causes and on the date stated above.

SIGNATURE J W Bird (Degree or title) M.D. ADDRESS Sandy Spring Md DATE SIGNED 12/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-17-50
NAME OF CEMETERY OR CREMATORY Rockville Union
LOCATION (City, town, or county) Rockville (State) Md

DATE REC'D BY LOCAL REG. 12-16-50
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert A. Pumphrey CPC ADDRESS Bethesda, Md.

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
DEC 23 1950
KBAU W. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12417

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH
COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) 66Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg.
STREET ADDRESS (If rural, give location) 205 N. Frederick Ave.

3. NAME OF DECEASED (Type or Print) (First) Willie (Middle) Wilson (Last) Briggs

4. DATE OF DEATH (Month) 12 (Day) 25 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept 20-1884.

9. AGE last birthday 66 yrs. If under 1 year: Months 3, Days 5, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cemeterys Memorials

10b. KIND OF BUSINESS OR INDUSTRY Stone Cutter.

11. BIRTHPLACE (State or foreign country) Gaithersburg. Md,

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME John W. Briggs

14. MOTHER'S MAIDEN NAME Mary C. Sparrow.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Ianthe M. Briggs. Gaithersburg. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 months

3317 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Organic depression — 4 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) C

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) C

(CITY OR TOWN) C (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ 4

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug-3, 1950, to Dec-25, 1950, that I last saw the deceased alive on Dec-25, 1950, and that death occurred at 3 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William E. Miller M.D. 7 Brookes Ave. Gaithersburg Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 12/27/50 | NAME OF CEMETERY OR CREMATORY Forest Oak. | LOCATION (City, town, or county) Gaithersburg. Md, (State)

DATE REC'D BY LOCAL REG. Dec 26 1950 | REGISTRAR'S SIGNATURE Ahnedal L Cooke

24. FUNERAL DIRECTOR ADDRESS Ernest C. Gartner, Gaithersburg. Md

39681

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

FILED
DEC 27 1950
BUREAU F. B

12418

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): Alturas Hotel, 1509 16th St. N.W.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Flint (Last) Broadfoot
4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 10-18-74
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newspaper man
10b. KIND OF BUSINESS OR INDUSTRY: Editor
11. BIRTHPLACE (State or foreign country): Deer Park, Maryland
12. CITIZEN OF WHAT COUNTRY? Amer.
13. FATHER'S NAME: Alexander D. Broadfoot
14. MOTHER'S MAIDEN NAME: Mary Flint
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive and Arteriosclerotic Heart disease

(c) ~~Thoracic Aortic Aneurysm~~

177X
51b

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (c) Prostatic Carcinoma

19a. DATE OF OPERATION: 12-14-50
19b. MAJOR FINDINGS OF OPERATION: Bilateral Hernia repaired
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10, 1950, to 12-19, 1950, that I last saw the deceased alive on 12-19, 1950, and that death occurred at 10:39 P.m., from the causes and on the date stated above.

SIGNATURE: DeVoe K. Meade — (Degree or title): M.D. — ADDRESS: Takoma Park 12, Md — DATE SIGNED: 12-19-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12-22-1950 — NAME OF CEMETERY OR CREMATORY: Glenwood — LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG.: 12/20/50 — REGISTRAR'S SIGNATURE: J. Nelson Dodd — 24. FUNERAL DIRECTOR: J. Wm Lee's Sons Co. — ADDRESS: 300-4th St NE

V0474 Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 26 1950
BEAU V. S

12419

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 5½ weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Monto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAITI LANE
STREET ADDRESS (If rural give location) Rockville, Md.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Randolph (Last) Brown
4. DATE OF DEATH (Month) Dec. (Day) 2, (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Mar. 20, 1883
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm helper
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME unk.
14. MOTHER'S MAIDEN NAME Annie Snowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Cora Willingham - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Aneurysm cystic artery,	years -
452X Antecedent cause(s)	Rupturing into gall bladder -	1 month -
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
96	(c) inanition. post operative -	4 w

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 11/3/50
19b. MAJOR FINDINGS OF OPERATION Unidentified mass near gall bladder
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1950, to Dec 2, 1950, that I last saw the deceased alive on Dec 1, 1950, and that death occurred at 10:27 P.m., from the causes and on the date stated above.

SIGNATURE Welb Welch M.D. (Degree or title) ADDRESS Rockville DATE SIGNED 12/3/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE 12/6/50 NAME OF CEMETERY OR CREMATORY Fisherman Cemetery LOCATION (City, town, or county) Lincoln Park, Rockville, (State)

DATE REC'D BY LOCAL REG. 12-5-50 REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR R. L. Snowden, ADDRESS Rockville, Md

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 8 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12420

CERTIFICATE OF DEATH

Reg. Dist. No. 31-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Rockville
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville - R.F.D. #2
STREET ADDRESS (If rural give location) 90 Joseph Harris -

3. NAME OF DECEASED (Type or Print): (First) Lenna (Middle) Elizabeth (Last) Budd -

4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 18, 1895

9. AGE last birthday: 55 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife -

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Mont. Co, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther Williams

14. MOTHER'S MAIDEN NAME: Sadie Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY NO.

17. INFORMANT: Newton Budd, Husband -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute pulmonary edema	1/2 Hour -
443X Antecedent cause(s)	(b) Hypertensive Heart disease	7 years
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Essential Hypertension	10 years -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 45, to Dec 21, 19 50, that I last saw the deceased alive on 12/15, 19 50, and that death occurred at 11:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter Webb M.D. Rockville 12/21/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE 12/24/50 NAME OF CEMETERY OR CREMATORY: Oak Grove LOCATION (City, town, or county) (State): Mt Zion, Md

DATE REC'D BY LOCAL REG. 12/24/50 REGISTRAR'S SIGNATURE Helen S. Schenck

24. FUNERAL DIRECTOR: Robt. L. Snowden ADDRESS: Rockville, Md

Rev. L. E. Burdette.

VS. A15

RECEIVED
DEC 29 1950
JUNEAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12421

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Nr. Damascus
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Damascus, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Vivia (Middle) C. (Last) Burdette

4. DATE OF DEATH: (Month) December (Day) 1 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 2, 1874

9. AGE last birthday: 76 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Damascus, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jackson Day

14. MOTHER'S MAIDEN NAME: Survilla Ann Beall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: -- --

17. INFORMANT AND ADDRESS: Vincent H. Day, Damascus, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — 10 years.

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

46f

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cancer of liver — 8 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1942, to December 1, 1950, that I last saw the deceased alive on November 30, 1950, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE: James P. Kerr (Degree or title) M.D. ADDRESS: Damascus, Md. DATE SIGNED: 12/2/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 3 1950
NAME OF CEMETERY OR CREMATORY: Damascus Methodist
LOCATION (City, town, or county) (State): Damascus, Md.

DATE REC'D BY LOCAL REG.: Dec. 2, 1950
REGISTRAR'S SIGNATURE: Della W. Burdette
24. FUNERAL DIRECTOR ADDRESS: Olin L. Molesworth, Damascus, Md.

RECEIVED
DEC 8 1950
U.S.T.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12422

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 N. Grandin Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 100 N. Grandin Ave.

3. NAME OF DECEASED (Type or Print): (First) GOLDSBORO (Middle) L. (Last) BURROUGHS

4. DATE OF DEATH: (Month) December (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 18 Oct. 1898

9. AGE last birthday: 52 yrs.
If under 1 year: Months 2 Days 8
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter- Self Employed

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Lewis Burroughs

14. MOTHER'S MAIDEN NAME: Lilly F. Musgrove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-09-8380

17. INFORMANT AND ADDRESS: Annie E. Burroughs 100 N. Grandin Ave. Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Many years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) —
(c) —

0022 13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 25, 1950, to Dec. 26, 1950, that I last saw the deceased alive on Dec. 26, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm A. Leatherwood, M. D. Rockville, Md. 12/26/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 28 Dec. 1950
NAME OF CEMETERY OR CREMATORY: Darnestown Church Cem.
LOCATION (City, town, or county) (State): Darnestown, Maryland

DATE REC'D BY LOCAL REG. 12-27-50
REGISTRAR'S SIGNATURE: Helen S. Eckenrode
24. FUNERAL DIRECTOR: Robert O. Pumphrey ADDRESS: Bethesda, Md.

30849

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12423

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; STREET ADDRESS (If rural, give location) 3 Hampden St.

3. NAME OF DECEASED (Type or Print): (First) Ethel (Middle) Roberta (Last) Butler

4. DATE OF DEATH: (Month) December (Day) 9 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 24 1891

9. AGE last birthday: 59 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Kensington Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexander Datcher

14. MOTHER'S MAIDEN NAME: Mary Ellen Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mary Datcher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Carcinomatosis	
154X Antecedent cause(s)		
46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rectal Colostomy	Oct. 1948
	(c) Carcinoma Rectum	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiorenal Disease

19a. DATE OF OPERATION: Oct 1948

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1936, to Dec. 9, 1950, that I last saw the deceased alive on Dec. 8, 1950, and that death occurred at 4:20A m., from the causes and on the date stated above.

SIGNATURE: Webster Sewell, MD (Degree or title) | ADDRESS: Norbeck Md | DATE SIGNED: Dec 9 1950

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: 12/12/50 | NAME OF CEMETERY OR CREMATORY: Lincoln Memorial | LOCATION (City, town, or county): Suitland | (State): Md

DATE REC'D BY LOCAL REG.: Dec 12/50 | REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Robert L. Snowden | ADDRESS: Rockville. Md

RECEIVED
DEC 14 1950
BUREAU OF

12424

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

M

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (In this place) 1 DAY 3 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITAIUM + HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE
STREET ADDRESS (If rural, give location) 1900 VAN BUREN ST.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) TUCKER (Last) CALLAN

4. DATE OF DEATH (Month) DEC. (Day) 26 (Year) 1950

5. SEX F.

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH 6/7/74

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME WILLIAM F. HOLMEAD

14. MOTHER'S MAIDEN NAME ALICE UNCLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS PT'S CHART

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	28 hours
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic Heart disease	10 yrs
93d	(c) Hypertension	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/25, 1950, to 12/26, 1950, that I last saw the deceased alive on 12/26, 1950, and that death occurred at 6:10 P. m., from the causes and on the date stated above.

SIGNATURE Francis K. Richardson (Degree or title) M.D. ADDRESS 7717 Alaska Ave N.W. Wash. D.C. DATE SIGNED 12/26/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 12/29/50 NAME OF CEMETERY OR CREMATORY Mt Olivet LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 12/27/50 REGISTRAR'S SIGNATURE J. Hobson Dodd

24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901 - 14th St. N.W. Washington D.C.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S

12425

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2729 Daniel Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 2729 Daniel Road

3. NAME OF DECEASED (Type or Print) (First) ROSE (Middle) ESTELLE (Last) CAMPBELL
4. DATE OF DEATH (Month) Dec (Day) 1st (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept 5, 1879
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Hicksville, Ohio
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Salter
14. MOTHER'S MAIDEN NAME Lucy Beard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs. Walt Horan, Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral hemorrhage	10 min
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arterial hypertension	7 years
94a	(c)	Chr. coronary insufficiency	1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1943, to Dec 1, 1950, that I last saw the deceased alive on Nov 30, 1950, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 6001 Nevada Ave., N.W., Wash., DC DATE SIGNED Dec. 2, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF Dec. 4, 1950
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) (State) Prince George Co., Md.

DATE REC'D BY LOCAL REG. 12-2-50
REGISTRAR'S SIGNATURE Helen Kurvach Jr
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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#8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 130 JAN 5 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH · COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 5 hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban	STREET ADDRESS (If rural, give location) 5348 North Carlings Spring Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gerald	Howard	Caviness	Dec.	22	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	S	May 28, 1947	3 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
S. Howard Caviness	Grace Odessa Sager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mr. S. Howard Caviness

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) PNEUMONIA - LOBULAR - LOWER LEFT LUNG	4 DAYS
570.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ILEUS - TOXIC	8 HOURS
12210 (c) SEPTICEMIA - (PROBABLE)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZE LYMPHADENITIS	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12-21-'50	ILEUS - ADENOPHY	Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-21, 1950, to 12-21, 1950, that I last saw the deceased alive on 12-22, 1950, and that death occurred at 12:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. W. Mitchell, M.D. 8055-13th St Silver Spring Md

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12-22-50	Fairfax Co.	Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-22-50	Helen Kurrack	Beverly Funeral Home	Fairfax Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK.

pply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12427

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 35 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5601 River Road	STREET ADDRESS (If rural, give location) 5601 River Road

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	George	Morton	Churchill		Dec.	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widowed	21 Jan 1874	76 yrs.	10	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Professor	Geo. Wash. Univ.	Massachusetts	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Warren K. Churchill	Elizabeth Joslyn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	None	Mrs. Elizabeth Wooden

18. MEDICAL CERTIFICATION

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) acute coronary occlusion	3 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic - essential hypertension	30 yrs.
(c)	

420.1
940

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from June 1, 1950, to 12-16, 1950, that I last saw the deceased alive on 12-16, 1950, and that death occurred at 12:10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John M. Lippman MD	7901 Wisconsin Ave. Bethesda 14, Md	12-16-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	18 Dec 1950	Cedar Hill Crematory	Suitland	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-18-50	Helen Kurvach	Robert L. Pumphrey	Bethesda, Md.

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is especially important. Physicians: please ...te the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12428

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (Rural); LENGTH OF STAY (in this place) 174 das.; HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, NNMC, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania; COUNTY Allegheny; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsburgh; STREET ADDRESS (If rural, give location) 734 End Ave.,

3. NAME OF DECEASED (Type or Print): (First) Clyde (Middle) Leslie (Last) CLARK, Jr.

4. DATE OF DEATH: (Month) Dec (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Jan 14 1929

9. AGE last birthday: 21 yrs. If under 1 year: Months 11 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Clyde L Clark, Sr.

14. MOTHER'S MAIDEN NAME: Ellen Eaden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) - - -

16. SOCIAL SECURITY NO. - - - - - -

17. INFORMANT AND ADDRESS: Mother: Ellen Clark Sames As #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lympho-epithelioma — Interval Between Onset and Death: 6 moe

148 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 53 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jul 5, 1950 to Dec 26, 1950, that I last saw the deceased alive on Dec 26, 1950, and that death occurred at 1105 A m., from the causes and on the date stated above.

SIGNATURE: W. A. Martin — (Degree or title) — ADDRESS — DATE SIGNED

D. A. ST MARTIN LTJG MCR USNR USNH, NNMC, BETHESDA, MD. Dec 26 1950

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE THEREOF: Dec 26 1950 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Pittsburgh Pa.

DATE REC'D BY LOCAL REG. Dec 26 50 | REGISTRAR'S SIGNATURE: Elsie Whittington | 24. FUNERAL DIRECTOR ADDRESS: WASTLER 301 E. Capital St, WashDC

Wastler Funeral Home

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MARYLAND STATE DEPARTMENT OF HEALTH

12429

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY - Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown. R F | LENGTH OF STAY (In this place): D, 2Hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District Of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): Alban Towers. Mass Ave. N W,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frances	Bell	Clark	12	5/50	19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	White	Married	Oct 10th 1889.	61 yrs.	1	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Trinadad. Cal,	U S A

13. FATHER'S NAME: Plehus Bell

14. MOTHER'S MAIDEN NAME: Ester Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: John Delano Clark Berkley 7. Cal, 40 Ardmore Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage due to bullet	sudden death.
981X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) wound thru Skull	
166	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Found dead in auto

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: highway	(CITY OR TOWN)	(COUNTY)	(STATE)
		Damestown	Monty	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Dec 5-50 6.P m.		bullet wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural couses ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart	M.D.	Gaithersburg md	12-6-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	12/9/50	Fort Lincoln	Bladensburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 8, 1950	Edward L. Cooke	Ernest C. Gartner	Gaithersburg, Md,

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 11 1950
BUREAU V. S.

12430

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown R F D
LENGTH OF STAY (in this place) 2Hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY District Of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Alban Towers Mass Ave, N W. ✓

3. NAME OF DECEASED (Type or Print) (First) Wilson (Middle) Delano (Last) Clark
4. DATE OF DEATH (Month) Dec (Day) 5 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec30th1886
9. AGE last birthday 63 yrs. If under 1 year Months 11 Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant
10b. KIND OF BUSINESS OR INDUSTRY U S Goverment Newark N J.
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Samuel Clark
14. MOTHER'S MAIDEN NAME Jennie Delano

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS 40Ardmore Rd John Delano Clark. Berkley 7.CAL

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage due to bullet wound
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Thus skull
(c)

976X
164C

INTERVAL BETWEEN ONSET AND DEATH: sudden death.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found dead in auto

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) highway (CITY OR TOWN) Darnestown (COUNTY) Montg (STATE) md
TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 5-50-6 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? self inflected gun shot wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brocchart (Degree or title) M.D. ADDRESS Gaithersburg md DATE SIGNED 12-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 12/9/50
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Bladensburg. Md,

DATE REC'D BY LOCAL REG. Dec. 8, 1950
REGISTRAR'S SIGNATURE Alsuda G. Cooke
24. FUNERAL DIRECTOR ADDRESS Ernest C. Gartner, Gaithersburg.Md,

21097

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 11 1950
BUREAU V. A.

12431

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 12 days 18 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5416 Roosevelt St

3. NAME OF DECEASED (Type or Print) (First) Rush (Middle) Mitchell (Last) Collins

4. DATE OF DEATH (Month) 12 (Day) 4 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Oct. 31 1891

9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Attorney Exam I.S.C.C.

10b. KIND OF BUSINESS OR INDUSTRY Attorney

11. BIRTHPLACE (State or foreign country) Oxford N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Henry Collins

14. MOTHER'S MAIDEN NAME Nannie L. Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Dawson D. Collins (Brother) 8400 Old Georgetown Rd Bethesda

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intra-cerebral Hemorrhage	2 hrs.
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular renal disease	
	(c) with Hypertension	7 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 21, 1950, to Dec. 4, 1950, that I last saw the deceased alive on Dec. 3, 1950, and that death occurred at 7:20 m., from the causes and on the date stated above.

SIGNATURE Sidney C. Cousins (Degree or title) M.D. ADDRESS 3921 Ingomar St. N.W. Wash. DATE SIGNED 12/4/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7 Dec. 1950

NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

LOCATION (City, town, or county) (State) Prince George Co, Md.

DATE REC'D BY LOCAL REG. 12-5-50

REGISTRAR'S SIGNATURE Helen Kurrack

24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

25693

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 8 1950
BUREAU

12432

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

1. PLACE OF DEATH: COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: ~~STATE~~ B. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3040 Idaho Ave.

3. NAME OF DECEASED (Type or Print) (First) Boyd (Middle) Solomon (Last) Comstock

4. DATE OF DEATH (Month) 12 (Day) 14 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH July 13-1886
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) legistow c national education
10b. KIND OF BUSINESS OR INDUSTRY Education
11. BIRTHPLACE (State or foreign country) Hancock, Minn.
12. CITIZEN OF WHAT COUNTRY? Am.

13. FATHER'S NAME Charles Comstock
14. MOTHER'S MAIDEN NAME Canon Gundenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Wife - same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion & myocardial infarction	7 wks
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	? yrs.
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1950, to Dec 14, 1950, that I last saw the deceased alive on Dec 14, 1950, and that death occurred at Suburban Hospit 7 40 A.M. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD
ADDRESS 1726 Eye St N.W. Washington
DATE SIGNED 12/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 12-15-50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) D.C.

DATE REC'D BY LOCAL REG. 12-14-50
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR S. H. Hines Co
ADDRESS D.C.

49697

RECEIVED
DEC 16 1959
BUREAU V. S

12433

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS R#1 (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Nellie (Middle) (Last) Contee
4. DATE OF DEATH (Month) December (Day) 20 (Year) 1950
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1/30/96
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	6 mos
422.2 Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Arthritis	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17/, 1950, to 12/20, 1950, that I last saw the deceased alive on 12/19/, 1950 and that death occurred at 11:55 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Sandy Spring Md DATE SIGNED 12/21/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 12/24/50 NAME OF CEMETERY OR CREMATORY Mt. Pleasant Ch. LOCATION (City, town, or county) Norbeck, Monte Md. (State)

DATE REC'D BY LOCAL REG. 12-24-50 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR R. L. Snowden ADDRESS Rockville, Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 27 1950
HEAD T. R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12434

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 12 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4913 47th St NW

3. NAME OF DECEASED (Type or Print): (First) John (Middle) W (Last) Covay

4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-14-1887

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gen. Accr. Office

10b. KIND OF BUSINESS OR INDUSTRY: US Govt.

11. BIRTHPLACE (State or foreign country): Highland County Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Covay

14. MOTHER'S MAIDEN NAME: Ida Dellinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Donnella M. Covay (wife) address same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic carcinoma c metastases to the liver — Interval Between Onset and Death: 4 mo.

162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

47c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 9, 1950, to Dec. 21, 1950, that I last saw the deceased alive on Dec. 21, 1950, and that death occurred at 9:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elaine W. Murphy (MD) 4812 Ellicott St. NW Wash. DC. 12-21-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 12/21/50 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): D.C.

DATE REC'D BY LOCAL REG. 12/21/50 — REGISTRAR'S SIGNATURE: Helen Kurvack

24. FUNERAL DIRECTOR: Chevy Chase — ADDRESS: 5101 Wisc. Ave.

11247

RECEIVED
DEC 26 1950
CLEARED

MARYLAND STATE DEPARTMENT OF HEALTH

12435

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4708 N.Chelsea Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural, give location) 4708 N.Chelsea Lane

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Chamberlain (Last) Crawford

4. DATE OF DEATH: (Month) Dec (Day) 20 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 24 Aug. 1880

9. AGE last birthday: 70 yrs. If under 1 year: Months 5, Days 26; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired- Entermoligist

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Gov't.

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James C. Crawford

14. MOTHER'S MAIDEN NAME: Kate Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs Emily B. Crawford-4708 N.Chelsea Lane

18. MEDICAL CERTIFICATION / Bethesda, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: sudden death

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broerhart M.D. ADDRESS Gaithersburg Md DATE SIGNED 12-21-50

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation; DATE THEREOF 23Dec.1950; NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery; LOCATION (City, town, or county) (State) Prince George Co.Md.

DATE REC'D BY LOCAL REG. 12-22-50; REGISTRAR'S SIGNATURE Helen Kurwacki; 24. FUNERAL DIRECTOR Robert A. Humphreys; ADDRESS Bethesda, Md.

V5297

VS. A15A

RECEIVED
DEC 26 1950
LIBRARY

12409

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural give location) 10105 - Lorraine Ave.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Maurice (Last) Cushman

4. DATE OF DEATH (Month) Dec. (Day) 29 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2-28-1931
9. AGE last birthday 19 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Howard C. Cushman
14. MOTHER'S MAIDEN NAME Helen Polanski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 579-36-3241
17. INFORMANT Howard C. Cushman - Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
819.5	Immediate cause	(a) Hemorrhage & shock	
170 C	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lacerations of buttocks & pelvis	
		(c) Automobile accident	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Street
(CITY OR TOWN) Takoma Park (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 12-29-50 1:45 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Passenger in automobile, thrown to street or collision with telephone pole.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney (Degree or title) M.D. Dep. Med. Exam. ADDRESS Cheverly - Hyattsville Md. DATE SIGNED 12-29-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/2/51
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) Prince Geo. County (State) Md.

DATE REC'D BY LOCAL REG. 1/1/51
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave., Silver Spring Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JAN 4 1951
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12436

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural — LENGTH OF STAY (in this place) 11 mo 1 wk
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2909 34th Street, N.W. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lyal	Ament	DAVIDSON	December 29, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Dec 7, 1886	64 yrs.	00	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Officer	U.S. Navy	Iowa	US

13. FATHER'S NAME: Joseph DAVIDSON

14. MOTHER'S MAIDEN NAME: Judith AMENT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES WW I U.S.	- - - - -	Wife: Cardyn G. DAVIDSON

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) RENAL HEMORRHAGE, BILATERAL.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE CARDIO-VASCULAR-RENAL DISEASE.

4/42X
131a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 23, 1950, to Dec 29, 1950, that I last saw the deceased alive on Dec 29, 1950, and that death occurred at 9:22 P m., from the causes and on the date stated above.

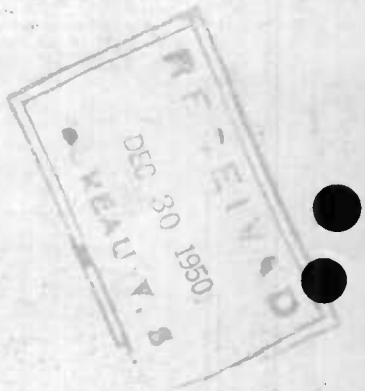
SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
J. C. McNERNEY, CDR, MC, USN	U.S. NAVAL HOSPITAL	December 30, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 3, 1951	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec 30, 1950	Edith Whittington	Jos. Gawler's Sons, 1756 Penn. Avenue, NW, Washington, D.C.

(GEH) #304

1296


RECEIVED
DEC 30 1950
KEAU, T. H.

12437

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. Montgomery COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norbeck
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Davis

4. DATE OF DEATH (Month) Dec. (Day) 27 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negroe
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 3/4/1874
9. AGE last birthday 76 yrs. If under 1 year Months 9 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wife - Norbeck, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary emboli rt. lower, left upper	4 days
260 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes mellitus	unknown
61	(c) Generalized arteriosclerosis	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recent amputation left leg - due to gangrene

19a. DATE OF OPERATION 12-8-50
19b. MAJOR FINDINGS OF OPERATION Gangrenous left leg.
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-30, 1950, to 12-23, 1950, that I last saw the deceased alive on 12-23, 1950, and that death occurred at 5:25 p m., from the causes and on the date stated above.

SIGNATURE W. B. Murphy (Degree or title) MD ADDRESS Rockville Md DATE SIGNED 24 Dec 50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 12/27/50 NAME OF CEMETERY OR CREMATORY Mt. Pleasant LOCATION (City, town, or county) Norbeck, (State) Md

DATE REC'D BY LOCAL REG. 12/27/50 REGISTRAR'S SIGNATURE Helen Kurrack
24. FUNERAL DIRECTOR R. L. Snowden, Rockville, Md ADDRESS

86600

RECEIVED
DEC 30 1950
MEAU V. B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12438

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 11 Philadelphia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring,
STREET ADDRESS (If rural, give location): 101 Williamsburg Drive

3. NAME OF DECEASED (Type or Print): Mary (First) Ann (Middle) Dawson (Last)

4. DATE OF DEATH: Dec. (Month) 6 (Day) 1950 (Year)

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: June 12, 1868

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry C. Houck

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. Frank G. Dawson-101 Williamsburg Drive Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, lobar — INTERVAL BETWEEN ONSET AND DEATH: 4-5 days

490X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

108 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, cardiac decompensation — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, to 6 Dec, 1950 that I last saw the deceased alive on 6 Dec, 1950, and that death occurred at 2:10 P m., from the causes and on the date stated above.

SIGNATURE: William D. Aud (Degree or title): MD ADDRESS: Silver Spring md DATE SIGNED: 6 Dec 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/9/50 — NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery — LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: Dec 8/50 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner & Pumphrey — ADDRESS: 8434 Ga. Ave., Silver Spring, Maryland

42086

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DEC 12 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12439

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND; LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Montgomery COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md.; STREET ADDRESS (If rural, give location) 9303 Saybrook avenue

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) H. (Last) DICKHAUT

4. DATE OF DEATH: (Month) Dec (Day) 31 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-15-1889

9. AGE last birthday: 61 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building Contractor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry C. Dickhaut

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: 9303 Saybrook ave Mrs Anna M. Dickhaut Silver Spg.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Circulatory Failure — Interval Between Onset and Death: 4 mos.

162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of Lung with metastases

47d (c) to liver

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to Dec 31, 1950; that I last saw the deceased alive on Dec 31, 1950; and that death occurred at 2.30 P m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

F. D. Leserie | M.D. | 9001 Ga. Av. Silver Spring | Dec 31. 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 1-3-51 | NAME OF CEMETERY OR CREMATORY: George Wash. Mem. Park | LOCATION (City, town, or county) (State): Riggs Road Md.

DATE REC'D BY LOCAL REG.: 12/31/50 | REGISTRAR'S SIGNATURE: Frances Potter | 24. FUNERAL DIRECTOR: The S. H. Hines Co | ADDRESS: 2401 14 Washington D.C.

15649

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 2 1951
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12440

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9400 Woodland Drive,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 9400 Woodland Drive

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) L. (Last) Dobyns

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 4, 1884

9. AGE last birthday: 66 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk-typist (retired)

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Chambers

14. MOTHER'S MAIDEN NAME: Rachele Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Doris E. Smith, 9400 Woodland Drive Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis of the peritoneum — Interval between onset and death: 6 mos.

175 X 49a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/27/50

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of left ovary; carcinoma of desc. colon

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 19 50, to Dec 27, 19 50, that I last saw the deceased alive on Dec. 27, 19 50, and that death occurred at 6:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel B. Washington M.D. 6234 7th Ave N.W. Wash D.C. 12/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial
DATE THEREOF: 12/29/50
NAME OF CEMETERY OR CREMATORY: Holy Sepulcher Cemetery
LOCATION (City, town, or county) (State): Philadelphia, Pennsylvania

DATE REC'D BY LOCAL REG.: Dec 29 50
REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey
ADDRESS: 8434 Ga. Ave., Silver Spring Maryland

26687

RECEIVED
JAN 4 1951
BUREAU V. S

12441

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Montgomery COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookmont, Md. — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookmont, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4016-62nd. St.	STREET ADDRESS (If rural, give location) 4016--62nd. St.

3. NAME OF DECEASED (Type or Print)	(First) Marie	(Middle) Berle	(Last) Donaldson	4. DATE OF DEATH	(Month) DEC. (Day) 31 (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Febr. 10, 1885	9. AGE last birthday 65 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) New York, N.Y.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Louis Berle	14. MOTHER'S MAIDEN NAME Mary Kerner				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS John T. Donaldson, Jr.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
592x Immediate cause	(a) Uremia	2 mon Re
Antecedent cause(s) 131 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic glomerulonephritis	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/8, 1950, to 12/31, 1950, that I last saw the deceased alive on 12/24, 1950, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas W Shingle MD	4704	Reservoir Rd. Wash. D.C.	12/31/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	1-2-51	Milltown	Milltown N.Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-31-50	Helen Kurvach	The S. H. Hines Co.	2401-14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN 8 1951

MARYLAND STATE DEPARTMENT OF HEALTH

12442

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age if especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Olney — LENGTH OF STAY (in this place) 6 mo, 10 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Farm Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural give location) 600 Easley St

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Chin (Last) Dow

4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 1950

5. SEX Female — 6. COLOR OR RACE Chinese — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed — 8. DATE OF BIRTH Aug 8 1885? — 9. AGE last birthday 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY House wife — 11. BIRTHPLACE (State or foreign country) China — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr. Chin — 14. MOTHER'S MAIDEN NAME Miss Wu Chin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Admission Record - by Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 1 mo

174X Antecedent cause(s)

480 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of uterus — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1950, to 12/12, 1950, that I last saw the deceased alive on 12/7, 1950, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. W. Lyon M.D Sandy Spring, Md. 12/12/50

23. BURIAL, CREMATION / REMOVAL (Specify) — DATE — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Cremation — 12-12-50 — Fort Lincoln crem. — Pr George Co Md

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR ADDRESS

12-12-50 — Gertrude B Fowler — Warner E Pumphrey — Silver Spring Md

VS. A15

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DEC 20 1950
BUREAU V. S.

12443

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS 618 Woodside Parkway	STREET ADDRESS (If rural, give location) 618 Woodside Parkway

3. NAME OF DECEASED (Type or Print)	(First) Anna	(Middle) B	(Last) Dugan	4. DATE OF DEATH	(Month) Dec.	(Day) 16	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH June 21, 1884	9. AGE last birthday 66 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poland	12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13. FATHER'S NAME Francis Helmski	14. MOTHER'S MAIDEN NAME unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Dr. Francis T. Dugan, 618 Woodside Pkwy. Silver Spring, Maryland					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	6 years.
	(c)	

331X

83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis — 10 yrs.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) —	(COUNTY) —	(STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from Jan., 1947, to Dec., 1950, that I last saw the deceased alive on Dec. 15, 1950, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W B Wardrop	MD	837 Bonifant St. Silver Spring	12/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Trans. & Burial	DATE THEREOF 12/19/50	NAME OF CEMETERY OR CREMATORY Cathedral Cemetery	LOCATION (City, town, or county) Wilmington, Delaware (State)
DATE REC'D BY LOCAL REG. 12-18-50	REGISTRAR'S SIGNATURE Frances Potter	24. FUNERAL DIRECTOR Warner E. Pumphrey	ADDRESS 8434 Ga. Ave., Silver Spring Maryland

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC 22 1950
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12444

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (In this place): 1 day 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hospital, Takoma Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 713 Ritchie Avenue

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) L. (Last) Erner

4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec. 23, 1872

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Erner

14. MOTHER'S MAIDEN NAME: Anna M. Gaulick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Paul D. Taggart, 8416 Ga. Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema due to bronchial

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) irritation & hemorrage due to inhalation

916.0 180 (c) of smoke and flames

INTERVAL BETWEEN ONSET AND DEATH: 30 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN): Silver Spring (COUNTY): Monty (STATE): md
TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 13 50 12:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Home fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Brockhat (Degree or title) M.D. ADDRESS: Gaithersburg md DATE SIGNED: 12-IX-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/16/50 — NAME OF CEMETERY OR CREMATORY: St. John' Catholic Cemetery — LOCATION (City, town, or county): Montgomery County (State): Md.

DATE REC'D BY LOCAL REG.: 12/15/50. — REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR: Warner E. Cumpton — ADDRESS: 8434 Ga. Ave., Silver Spring, Maryland

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DEC 18 1990
AUCKLAND

12445

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6703 45th St.

3. NAME OF DECEASED (Type or Print) (First) Monroe (Middle) (Last) Estep
4. DATE OF DEATH (Month) Dec. (Day) 6 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH Aug. 16, 1871
9. AGE last birthday 79 yrs. If under 1 year Months 3 Days 19 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm manager
11. BIRTHPLACE (State or foreign country) Orkney Springs, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Silas Monroe
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Son - Mr. Cletus Estep

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia, terminal	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebrovascular, accident	8 days
	(c)	

331X
83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ~~Home~~ (CITY OR TOWN) Bethesda, (COUNTY) Monta (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Nov, 1950, to 6 Dec, 1950 that I last saw the deceased alive on 6 Dec, 1950, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE Herbert Martyn Jr. (Degree or title) M.D. ADDRESS 5029 Bethesda Ave Bethesda Md DATE SIGNED 6 Dec 50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 12/7/50 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Green Spring Ohio (State)

DATE REC'D BY LOCAL REG. 12-7-50 REGISTRAR'S SIGNATURE ~~[illegible]~~ Helen Kurnack
24. FUNERAL DIRECTOR Harry L. Slye ADDRESS 1009 H St NW

000 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

BUREAU U. S.
DEC 11 1950

MARYLAND STATE DEPARTMENT OF HEALTH

12446

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
LENGTH OF STAY (In this place): 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 19 Lincoln Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Marylnad — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington,
STREET ADDRESS (If rural give location): 19 Lincoln Ave.

3. NAME OF DECEASED (Type or Print): (First) Clemmie (Middle) Oteria (Last) Farrell

4. DATE OF DEATH: (Month) Dec (Day) 7 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 4 1878

9. AGE last birthday: 72 yrs. — If under 1 year: Months 3, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Woodford Sirles

14. MOTHER'S MAIDEN NAME: Lelia Page

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Beulah D. Donaldson

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940 (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank J. Bouchart M.D. Smithsburg Md 12-7-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 11, 1950 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REG. 12-8-50 — REGISTRAR'S SIGNATURE: Helen Burroughs

24. FUNERAL DIRECTOR: Robert A. Pumphrey Jr. — ADDRESS: Bethesda, Md.

RECEIVED
DEC 11 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

NB52687 12447

CERTIFICATE OF DEATH

Reg. Dist. No. 723-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk. — LENGTH OF STAY (in this place) 24 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Prince Geo. — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Hyattsville
STREET ADDRESS (If rural, give location) Box 138 University Zone

3. NAME OF DECEASED (Type or Print): (First) Baby Boy (Middle) Leonard Monroe (Last) FEESER

4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 1950

5. SEX: M — 6. COLOR OR RACE: Wh — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single — 8. DATE OF BIRTH: 12/15/50 — 9. AGE last birthday: yrs. — If under 1 year: Months, Days: 1 — If under 24 hrs.: Hours, Min.: 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None — 10b. KIND OF BUSINESS OR INDUSTRY: None — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Monroe C. Feeser — 14. MOTHER'S MAIDEN NAME: Catherine Naomi Fritz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis; foetal life — 21 hrs

762.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

161.0 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: None — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0 — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: 0 — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ 0 — HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from 12/15, 1950, to 12/16, 1950, that I last saw the deceased alive on 12/16/50, and that death occurred at 3:58 m., from the causes and on the date stated above.

SIGNATURE Joseph McDonald (Degree or title) — ADDRESS 7309 Eggo Rd W. Hyattsville — DATE SIGNED 12/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF 12-18-50 — NAME OF CEMETERY OR CREMATORY: Washington Sanitarium & Hosp. — LOCATION (City, town, or county): Takoma Park, Md. — (State)

DATE REC'D BY LOCAL REG. 12/19/50 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: WASH. SAN. & HOSP. — ADDRESS

Written Permission received from both parents — W.H. Hyatt, Med. Record Librarian

VS. A15

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DEC 26 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12448

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH — COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10000 GEORGIA AVE

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 9804 Merwood Lane.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MINNIE FERRIS

4. DATE OF DEATH (Month) (Day) (Year): Dec 17 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 13 1888
9. AGE last birthday: 62 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter J Clark
14. MOTHER'S MAIDEN NAME: Charlotte Keese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs John J Ornick Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Decompensation — 1-2 yrs

434.3 Antecedent cause(s)

46.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. (1) Carcinoma of Colon (2) Senility — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to 17 Dec, 1950, that I last saw the deceased alive on 15 Dec, 1950 and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE: William D. Cord — (Degree or title): MD — ADDRESS: Silver Spring Md — DATE SIGNED: 17 Dec '50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 12/20/50 — NAME OF CEMETERY OR CREMATORY: Glenwood — LOCATION (City, town, or county) (State): Washington D.C.

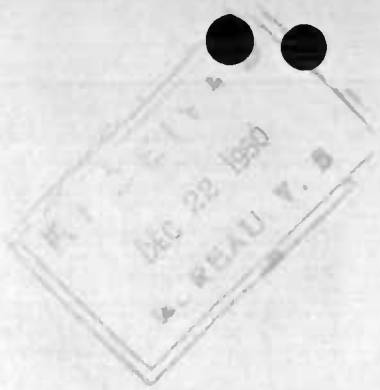
DATE REC'D BY LOCAL REG.: Dec 18/50 — REGISTRAR'S SIGNATURE: Frances Potter — 24. FUNERAL DIRECTOR: W W Chambers Co — ADDRESS: 1400 Chapin St NW Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

153+

VS. A15


DEC 22 1950
BUREAU Y. B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12449

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 1002 Clayborne Avenue

3. NAME OF DECEASED (Type or Print): (First) Vida (Middle) Cora (Last) Fielding

4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify):

8. DATE OF BIRTH: Dec. 15, 1888

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Government worker

10b. KIND OF BUSINESS OR INDUSTRY: Stenographer

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: America

13. FATHER'S NAME: George William Crane

14. MOTHER'S MAIDEN NAME: Gertrude Estelle Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction — Interval between onset and death: 14 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Acute cardiac failure, pulm. edema — 420.0
(c) Art. Scler. Hypert. Heart disease — 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/25, 19 50, to 12/12, 19 50, that I last saw the deceased alive on 12/12, 19 50, and that death occurred at 8:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Norman Paul, M.D. — ADDRESS: 3557-16th St NW Wash. DC — DATE SIGNED: DEC 13 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 14 Dec, 1950 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county) (State): Prince Georges Co. Md.

DATE REC'D BY LOCAL REG.: 12/13/50 — REGISTRAR'S SIGNATURE: J. Watson Dodd

24. FUNERAL DIRECTOR — ADDRESS: Robert A. Pumphrey, Bethesda, Md.

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RECEIVED
DEC 18 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12450

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1508 Ballard St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Montgomery; COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 1508 Ballard St.

3. NAME OF DECEASED (Type or Print): (First) SARA (Middle) A. (Last) FURBERSHAW
4. DATE OF DEATH: (Month) Dec (Day) 8 (Year) 1950

5. SEX F. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)- | 8. DATE OF BIRTH Aug 1-1874 | 9. AGE Last birthday 76 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Binding Ret. 10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt | 11. BIRTHPLACE (State or foreign country) New York | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James H Furbershaw | 14. MOTHER'S MAIDEN NAME Mary F Laughton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS 4916 Edmonston Rd Hyattsville Md Mr Edwin C Furbershaw, Bro.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arterio-sclerosis - Senility

830 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1950, to Dec 8, 1950, that I last saw the deceased alive on Dec 7, 1950, and that death occurred at 5.30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. F. Greaney	MD	7542 12th St NW	Dec 8, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Dec 12/50	Mt Olivet Cemetery	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 8, 1950	Frances Potter	A. H. Hines Co	2901-14 St. N.W.

496 97

RECEIVED
DEC 18 1980
U.S. MEDAU

12451

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 117 Taylor St.	STREET ADDRESS (If rural, give location): 117 Taylor St.

3. NAME OF DECEASED (Type or Print) (First) JOSEPH	(Middle) M.	(Last) GARRETT	4. DATE OF DEATH (Month) 27	(Day) Dec.	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 2 Nov. 1882	9. AGE last birthday: 68 yrs.	If under 1 year: Months 1, Days 24; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret-Engraver, Bureau Eng	10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't.	11. BIRTHPLACE (State or foreign country): Washington, DC.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Francis Garrett		14. MOTHER'S MAIDEN NAME: Rose Emma Burr			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If year, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: James H. Garrett- Same as 2.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	3 mths
Antecedent cause(s)	(b) Arteriosclerotic Heart Disease	5 YRS
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

420.0

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1942, to Dec. 27, 1950, that I last saw the deceased alive on Dec 26, 1950, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leo L. Donovan	MD	8016 Georgetown Road	12/28/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 30Dec.1950	NAME OF CEMETERY OR CREMATORY: Holy Rood	LOCATION (City, town, or county) (State): Washington, D.C.
DATE REC'D BY LOCAL REG.: 12-28-50	REGISTRAR'S SIGNATURE: Helen Kurvack	24. FUNERAL DIRECTOR: Robert A. Pumphrey	ADDRESS: Bethesda, Md.

37297

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 30 1950

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12452

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place) 27 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS 117 Taylor St.	STREET ADDRESS (If rural, give location) 117 Taylor Street

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) ELIZABETH	(Last) GARRETT	4. DATE OF DEATH	(Month) Dec.	(Day) 28	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Sept. 6/87	9. AGE last birthday 63 yrs.	If under 1 year Months 9	Days 6	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY xxx	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Timothy S. Callaham	14. MOTHER'S MAIDEN NAME Alice Baker						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS James H. Garrett 117 Taylor St., Chevy Chase, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma (Metastatic) of Liver — 1 year

155X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46 f (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1946, to Dec 27, 1950, that I last saw the deceased alive on Dec 27, 1950, and that death occurred at 2:14 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Sonnan MD 8016 Georgetown Road 12/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 12/30/50	NAME OF CEMETERY OR CREMATORY Holy Rood	LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REG. 12-29-50	REGISTRAR'S SIGNATURE Helen Kurvack	24. FUNERAL DIRECTOR Robert A. Pumphrey	ADDRESS Bethesda, Md

DEC 30 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12453

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (rural); LENGTH OF STAY (in this place) 20 hrs 40 m

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington; STREET ADDRESS (If rural, give location) 2325 25th SE, Apartment 202

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Katherine	Cecilin	GLANCY		Dec.	27	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	June 29, 1889	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Nurse

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John P. GLANCY

14. MOTHER'S MAIDEN NAME: Sophie MC CARTHY Wash., D.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI & WWII

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Sister: Mrs. Helen G. SMITH 2908 Ordway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Thrombosis, Left Temporal Lobe Brain	2d.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Subdural Hematoma	2d.
	(c)	

3317
831

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 26, 1950, to Dec. 27, 1950, that I last saw the deceased alive on Dec. 27, 1950, and that death occurred at 11:00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. G. BERRY	LCDR MC USN	USNH, Bethesda, Md.	Dec. 27, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 29, 1950	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 27 50	Edith Whittington	J.T. RYAN	317 Penn Ave. SE, Wash, D.C.

V3696

DEC 23 1980
BEAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12454

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney md; HOSPITAL OR INSTITUTION OR STREET ADDRESS —; MARYLAND; LENGTH OF STAY (in this place) 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney MD.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GERTRUD (Middle) (Last) GUINIP

4. DATE OF DEATH: (Month) Dec (Day) 9 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov 4 1863

9. AGE last birthday: 87 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Detroit Mich

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mary Daly Olney MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute myocardial failure — Interval between onset and death: 1/2 hr

442x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular renal disease — 20 yrs

131a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Dec, 1950, that I last saw the deceased alive on Nov 30, 1950, and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE: A L Bimyard — (Degree or title) M.D. — ADDRESS Sandy Spring — DATE SIGNED 12/11/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Dec 12 1950 — NAME OF CEMETERY OR CREMATORY Laytonsville — LOCATION (City, town, or county) Montgomery — (State) Md

DATE REC'D BY LOCAL REG. 12-11-50 — REGISTRAR'S SIGNATURE Gertrude B Lawler — 24. FUNERAL DIRECTOR Roy W Barber — ADDRESS Laytonsville Md

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DEC 20 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12455

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 1 day - 6 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp. Takoma Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 711 Richmond Ave

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	John	Wells	Hall		12	5	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	11-21-1870	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Yard master - B. & O. R.R.
10b. KIND OF BUSINESS OR INDUSTRY: Retired Railroader
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) Acute Congestive Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
93d (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 11-28, 1950, to 12-5, 1950, that I last saw the deceased alive on 12-4, 1950, and that death occurred at 1:10 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dean H. Harding	M.D.	113 Carroll St. N.W. Wash., DC	12-5-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 8, 1950	Brooke Cemetery	Dellsburg	West Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/2/50	J. Thomas Dodd	J. Arthur Walters, 254 Carroll St. NW DC	Takoma Park

15647

RECEIVED
DEC 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12456

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 4 days 18 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clarksburg
STREET ADDRESS (If rural, give location) Boyds Pike

3. NAME OF DECEASED (Type or Print) (First) Rachael (Middle) Ann Rebecka (Last) Hall
4. DATE OF DEATH (Month) 12 (Day) 4 (Year) 1950

5. SEX F
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept. 19 1900
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Tramsville Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Louis Thompson
14. MOTHER'S MAIDEN NAME Claire Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Margaret Imes (Daughter) Wash. D.C. 1415 Tuckerman N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 2 months

757.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) congenital polycystic kidney

157h (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Rockville, Md. DATE SIGNED 12/4/5

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF 12/7/50 NAME OF CEMETERY OR CREMATORY Church Cem. LOCATION (City, town, or county) (State) Centerville, Montg. Md

DATE REC'D BY LOCAL REG. 12-7-50 REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR R. L. Snowden, Rockville, Md ADDRESS

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
DEC 11 1950
BUREAU V. S

Evidence for change of age shown on:

12457

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 130 JAN 16 1951

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: MONTGOMERY CO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA MD.
LENGTH OF STAY (in this place): 10 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4617 DRUMMOND AVE

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: MONT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA MD
STREET ADDRESS (If rural, give location): 4617 DRUMMOND AVE

3. NAME OF DECEASED (Type or Print): (First) MOLLIE (Middle) JOSEPHINE (Last) HANEY

4. DATE OF DEATH: (Month) DEC (Day) 31 (Year) 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAY 19, 1866
9. AGE last birthday: 84 ~~86~~ yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): WASHINGTON DC
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN CORNELIUS HOWARD
14. MOTHER'S MAIDEN NAME: MARY CATHERINE CONRAD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: EDITH HANEY CASHMAN 4617 DRUMMOND AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial failure	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart FAILURE	6 days
	(c) Hyrertension, essential, chronic	8 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE RT HIP - HEALING — 18 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) mont (?) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 13, 1950, to Dec 30, 1950, that I last saw the deceased alive on Dec 30, 1950, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

SIGNATURE: George W Hoover Jr. (Degree or title) M.D — ADDRESS: 5555 Beadley Blvd Beth. Md; 3109 16th St N.W. Wash DC — DATE SIGNED: Dec 2 '50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF: 1/2/50 — NAME OF CEMETERY OR CREMATORY: Rockville Union — LOCATION (City, town, or county) (State): Rockville Md.

DATE REC'D BY LOCAL REG.: 12-31-50 — REGISTRAR'S SIGNATURE: Helen Kurvack — 24. FUNERAL DIRECTOR: Chevy Chase Funeral Home — ADDRESS: 5101 - Wis. ave. N.W. D.C.

936.9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

12458

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY MONTGOMERY; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK; LENGTH OF STAY (in this place) 14½ HR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
STREET ADDRESS (If rural, give location) 6805 LAUREL ST. NW. ✓

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) (Last) Hardesty

4. DATE OF DEATH: (Month) Dec. (Day) 28 (Year) 1950

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JUNE 20 1868

9. AGE last birthday: 82 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): NEWPORT KENTUCKY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FREDERICK LECQUIRE

14. MOTHER'S MAIDEN NAME: MARY ANN FRYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: HOSPITAL RECORD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Infarction — 6 days

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio - sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 15, 1950, to Dec. 28, 1950, that I last saw the deceased alive on Dec. 28, 1950, and that death occurred at 10:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B Keith M.D. 6911 5th st. N.W. Washington D.C. Dec. 28, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 12/30/50

NAME OF CEMETERY OR CREMATORY Glenwood Cemetery

LOCATION (City, town, or county) (State) Wash DC

DATE REC'D BY LOCAL REG. Dec 29/50

REGISTRAR'S SIGNATURE Frances Keller

24. FUNERAL DIRECTOR ADDRESS

The S. H. Hines Co 2901 14TH ST N.W. WASH, D.C.

RECEIVED
JAN 4 1951
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12459

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (Rural)
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE SOUTH CAROLINA COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Summerville
STREET ADDRESS (If rural, give location) Route # 2 Box 292 ✓

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Edward (Last) Harmon

4. DATE OF DEATH: (Month) Dec (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jul 19 1902

9. AGE last birthday: 48 yrs. If under 1 year: Months 5 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: - - - - -

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank Harmon

14. MOTHER'S MAIDEN NAME: Mary Cambell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT AND ADDRESS: Mother: Mary Harmon Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Brain Tumor (Glio-blastoma)

193X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

5Ha

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1950 to Dec 26 1950 that I last saw the deceased alive on Dec 26, 1950, and that death occurred at 3:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. G. HEBBLE, III CDR MC USN USNH, Bethesda, Maryland Dec 26 1950

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: Dec 26 1950

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Summerville S. C.

DATE REC'D BY LOCAL REG. Dec 26 50

REGISTRAR'S SIGNATURE: Edith Worthington

24. FUNERAL DIRECTOR ADDRESS: PUMPHREY 7557 Wisc. Ave., BethMd.

3/4/9

12460
216

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 5 days 8 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 3710 Jenifer St ✓

3. NAME OF DECEASED (Type or Print) (First) Fannie (Middle) L. (Last) HAWLEY
4. DATE OF DEATH (Month) 12 (Day) 6 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-17-77
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Artist & Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Wash. D.C.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Frank Moore
14. MOTHER'S MAIDEN NAME Mary D. Larner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Jean H. Hawley 3710 - Jennifer St. N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	5 days
260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular-renal disease	8 yrs
61	(c) Diabetes Mellitus	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1950, to Nov 6, 1950, that I last saw the deceased alive on Nov 5, 1950, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 12-6-50
Sidney C. Cousins M.D. - 3921 - Ingomar St. N.W. Wash. D.C.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9 Dec. 1950
NAME OF CEMETERY OR CREMATORY St. Paul
LOCATION (City, town, or county) (State) Alexandria, Virginia

DATE REC'D BY LOCAL REG. 12-7-50
REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12461

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wis. Ave & Middleton Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4509 W. Virginia Ave.

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) KERVICK (Last) HAYDEN
4. DATE OF DEATH (Month) DEC (Day) 11 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 24 Feb. 1883
9. AGE last birthday 67 yrs. If under 1 year Months 9 Days 17 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret.-Personnell Clerk
10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov't.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Posey F. Hayden
14. MOTHER'S MAIDEN NAME Mary J. Herbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Alice Hayden 4509 W. Va., Ave. Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — Instantaneous

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1947, to Dec, 1950, that I last saw the deceased alive on Nov 21, 1950, and that death occurred at 12 Noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lee I. Sorenson MD 8016 Georgetown Road Bethesda 12/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 14 Dec. 1950
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 12-11-50
REGISTRAR'S SIGNATURE Helen Kurvach Jr
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

26697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 14 1950
BUREAU OF S

12462

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: 35 QUINCEY ST, CHEVY CHASE
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 8 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 35 Quincy Street

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) W. (Last) HAZELL

4. DATE OF DEATH (Month) Dec (Day) 23 (Year) 1950

5. SEX M

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH SEPT. 6, 1895

9. AGE last birthday 55 yrs. If under 1 year Months 3 Days 17 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PATENT LAWYER

10b. KIND OF BUSINESS OR INDUSTRY ATTORNEY

11. BIRTHPLACE (State or foreign country) BALTIMORE, MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOSEPH W. HAZELL

14. MOTHER'S MAIDEN NAME GRACE WORTHINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS 35 QUINCEY JOSEPH W HAZELL (SON) 4th CHEVY CHASE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with Coronary Insufficiency

93d (c)

INTERVAL BETWEEN ONSET AND DEATH 6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1943, to Dec 23, 1950, that I last saw the deceased alive on Dec 23, 1950, and that death occurred at 4:25 p m., from the causes and on the date stated above.

SIGNATURE A. Meglow, M.D. (Degree or title) Burial Cremation Nat. Cem. ADDRESS 1801 Eye St N.W. Wash 6. D.C. DATE SIGNED 12/23/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial & Cremation

DATE THEREOF 12/26/50

NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. Dec 26, 1950

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Martin W. Hysong Co. ADDRESS Wash. D.C.

25293

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 29 1950

Joseph Hazell Dies; Retired Attorney Was Noted Photographer

Joseph W. Hazell, 55, a retired attorney and veteran of both World Wars, died of a heart ailment Saturday at his home, 35 Quincy street, Chevy Chase, Md.

Mr. Hazell.

Private funeral services will be held later this week at Arlington Cemetery.

Mr. Hazell was born in Baltimore and graduated from Western High School here in 1914. He was a captain in the Coast Artillery in France in World War I. After the war he was graduated in law from George Washington University. While attending college he was an examiner in the United States Patent Office.

The attorney began his law practice here with the firm of Hazell & Leach and later went to New York with the firm of Sawyer, Kennedy, Humason & Hazell.

In World War II Mr. Hazell served as a colonel with the Army Air Forces for more than four years and received the Legion of Merit.

Mr. Hazell was a member of the Phi Alpha Delta law fraternity and received the Order of the Coif. He belonged to the District and New York Bar Associations and was admitted to practice before the Supreme Court, the United States Court of Customs and Patent Appeals, and others.

A noted amateur photographer whose pictures were exhibited in the United States and abroad, Mr. Hazell was once president of the Camera Club of New York. He was an associate of the Oval Table and a life member of the Royal Photographic Society.

Surviving are his widow, Mrs. Lois Sprigg Hazell; a son, Joseph W. Hazell of the Chevy Chase address, and a sister, the Countess Edward de Pianelli de la Valette of La Jolla, Calif.

According to D.C. paper Mrs. Hagell is to be buried in Arlington Nat'l Cemetery but according to Death Certificate he was cremated at Cedar Hill — How do you make the necessary notation —

MARYLAND STATE DEPARTMENT OF HEALTH

12463

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Montg Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown, Rural
LENGTH OF STAY (in this place): 35yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland COUNTY: Montg,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Lee (Last) Hickerson

4. DATE OF DEATH: (Month) 12 (Day) 19 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec5 1865

9. AGE last birthday: 85 yrs. If under 1 year: Months. 0 Days. If under 24 hrs.: Hours. 14 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Comas Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Henry Hickerson

14. MOTHER'S MAIDEN NAME: Elizabeth Burdasill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Henry B. Hickerson. Germantown. Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute myocarditis — Interval between onset and death: 4 days

431X Antecedent cause(s)

93a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1950, to Dec 19, 1950, that I last saw the deceased alive on Dec 18, 1950, and that death occurred at 9:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

F J Borchart M.D. Gaithersburg md 12-21-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 12/22/50

NAME OF CEMETERY OR CREMATORY: St Rose Cemetery

LOCATION (City, town, or county) (State): Clopper Md.

DATE REC'D BY LOCAL REG.: Dec 21, 1950

REGISTRAR'S SIGNATURE: Arnold L Cooke

24. FUNERAL DIRECTOR ADDRESS: Ernest C. Gartner, Gaithersburg. Md

000VV

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12464

Reg. Dist. No. 318

1. PLACE OF DEATH: COUNTY Montg Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg. Rural
LENGTH OF STAY (In this place) 3Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Byrd (Last) Higdon

4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Jan 31-1899

9. AGE last birthday: 51 yrs. If under 1 year: Months 10 Days 21 If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker.

10b. KIND OF BUSINESS OR INDUSTRY: Bakery Laborer

11. BIRTHPLACE (State or foreign country): Okmulgee Okla.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Higdon

14. MOTHER'S MAIDEN NAME: Maybell Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Robert P. Higdon. Gaithersburg.Md Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden

420,1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 940 (b) — dead

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Brockhurst M.D. Gaithersburg md 12-22-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec 27/50 | NAME OF CEMETERY OR CREMATORY Okmulgee Cemetery | LOCATION (City, town, or county) (State) Okmulgee. Okla,

DATE REC'D BY LOCAL REG. Dec. 23, 1950 | REGISTRAR'S SIGNATURE Almeda L. Cooke | 24. FUNERAL DIRECTOR AND ADDRESS E C Gartner, Gaithersburg. Md,

300 X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
DEC 27 1950
KILAUEA, H.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

12465

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Martin (Middle) (Last) Hines

4. DATE OF DEATH (Month) December (Day) 19 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 9/13/44

9. AGE last birthday 6 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Hines

14. MOTHER'S MAIDEN NAME Dorothy Coblentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) hemorrhage due to fracture of skull

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170c (c)

INTERVAL BETWEEN ONSET AND DEATH: 6 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) highway
(CITY OR TOWN) Olney (COUNTY) Montg. (STATE) Md
TIME OF INJURY (Month) Dec (Day) 13 (Year) 50 (Hour) 7.35 A. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? struck by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 21 1950
NAME OF CEMETERY OR CREMATORY Christ Reform
LOCATION (City, town, or county) Middletown (State) Md

DATE REC'D BY LOCAL REG. 12-20-50
REGISTRAR'S SIGNATURE Gertrude B Fowler
24. FUNERAL DIRECTOR Roy W Barber Laytonsville ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 28 1950
BUREAU V. S.

12466

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery Co. Gaithersburg MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg Md.
LENGTH OF STAY (in this place) 2.5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) ELIJAH (Middle) A (Last) HOOPENGARDNER

4. DATE OF DEATH (Month) DEC. (Day) 23 (Year) 1950

5. SEX MALE
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH DEC. 21, 1874
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABOR
10b. KIND OF BUSINESS OR INDUSTRY State Road. Md.
11. BIRTHPLACE (State or foreign country) Penn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME DENTON HOOPENGARDNER
14. MOTHER'S MAIDEN NAME ELISABETH MAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. None
17. INFORMANT Rose Hoopengardner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac dilatation	2 hrs
334x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis	3 yrs
83d	(c) hemiplegia	1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19 48, to Dec 23, 1950, that I last saw the deceased alive on Dec 23, 1950, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
F. J. Brockhart M.D. Gaithersburg Md 12-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 27, 1950
NAME OF CEMETERY OR CREMATORY Whips Cove, Penn.
LOCATION (City, town, or county) (State) Fulton Co. Penn

DATE REC'D BY LOCAL REG. Dec 26, 1950
REGISTRAR'S SIGNATURE Alsuda G Cooke
24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Laytonsville Md.

98898

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 29 1950
U. BEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12467

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 7 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 Albany Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Col. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 703 Quackenbos St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) T. (Last) Horan
4. DATE OF DEATH: (Month) Dec. (Day) 9, (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 4 1871
9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House w. fe
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Arnold
14. MOTHER'S MAIDEN NAME: Katherine Hinklebine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Henry E. Horan, 703 Quackenbos St. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic pulmonary congestion	4 days
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	Years
	(c) Generalized Arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia, right — 4yrs 9mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 22, 1950, to Dec. 9, 1950, that I last saw the deceased alive on Dec. 9, 1950, and that death occurred at 2:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wallace H. Mook M.D. Takoma Park 12, Md. 12-9-50

23. BURIAL CREMATION REMOVAL (Specify): Burial
DATE: 12/12/50
NAME OF CEMETERY OR CREMATORY: St. Mary's
LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 12/9/50
REGISTRAR'S SIGNATURE: J. Hilton Dodd
24. FUNERAL DIRECTOR: Francis Gollins ADDRESS: 3821-14th St. N.W. Wash. D.C.

RECEIVED
DEC 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

12468

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural, give location) R#3

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Annie		Howard	December 20 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	Colored	Married	12/8/1883	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	Home	Nova Scotia.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	no	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiovascular hemorrhage	25 days
443X Antecedent cause(s) 932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	15 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

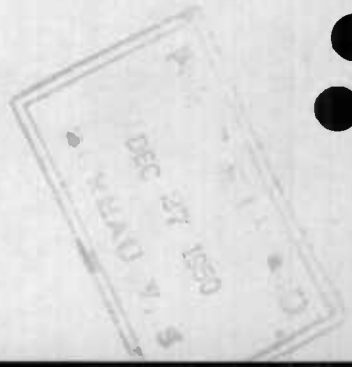
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/25, 1950, to 12/20, 1950, that I last saw the deceased alive on 12/18, 1950, and that death occurred at 4:10 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. D. Bonifant	M. D.	Sandy Spring Md.	12/20/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/23/50	Sandy Springs,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-23-50	Gertrude B Fowler	Robert L. Duvall,	Rockville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12469

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (Rural); LENGTH OF STAY (in this place) 19 das,; HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia; COUNTY Arlington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington; STREET ADDRESS (If rural, give location) 4325 36th St.S. Fairlington ✓

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Elizabeth (Last) HUGHES

4. DATE OF DEATH (Month) (Day) (Year): Dec 26 1950 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 6 1865

9. AGE last birthday: 85 yrs. If under 1 year: Months 11 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - - -

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph Russell

14. MOTHER'S MAIDEN NAME: Elizabeth Ingram

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No ------

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT AND ADDRESS: Nephew: Jos. P. Quinn Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema — 2 wks

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Arteriosclerotic Heart disease — Indef.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1950, to Dec 26, 1950, that I last saw the deceased alive on 26 Dec, 1950, and that death occurred at 2:40 P m., from the causes and on the date stated above.

SIGNATURE E. M. SPAULDING, (Degree or title) CDR MC USN ADDRESS USNH, Bethesda, Md. DATE SIGNED 27 Dec 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 12-29-50 | NAME OF CEMETERY OR CREMATORY: Arlington | LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 26 Dec 50 | REGISTRAR'S SIGNATURE: Elsie Whittington

24. FUNERAL DIRECTOR ADDRESS: Jas.T. RYAN 37 Penn Ave., SE, Washington, D. C. (J.T.R. Jr.)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12475

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 35½ Freemont Avenue

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) Maude (Last) Kidwell

4. DATE OF DEATH: (Month) December (Day) 14 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 8-13-1898

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): West Virginia (Switzerland Springs)

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Marion Farren

14. MOTHER'S MAIDEN NAME: Addie Buckland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pericardial and Pleural effusion, severe	Days to week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acq Suppurative peribronchial lymphadenitis due to	weeks ?
492X 108	(c) Pneumonitis, bilateral, diffuse, type and cause undetermined	weeks ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 11, 1948, to Dec. 14, 1950, that I last saw the deceased alive on Dec. 14, 1950, and that death occurred at 8:23 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wallace H. Mook M.D. Takoma Park Md 12/15/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec 17, 1950

NAME OF CEMETERY OR CREMATORY: End of the Trail Cemetery

LOCATION (City, town, or county) (State): Glintonville, Greenbrier Co. W. Va.

DATE REC'D BY LOCAL REG. 12/15/50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: J. Arthur Walker ADDRESS: 254 Carroll St. N.W. Takoma Park 12, D.C.

12477

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Comus. RFD
LENGTH OF STAY (in this place) 79 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Comus- RFD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Hadd (Middle) (Last) Kinna
4. DATE OF DEATH (Month) Dec (Day) 30 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 22-1871
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer owner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Nathan Kinna
14. MOTHER'S MAIDEN NAME Jane Pickens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Homer Kinna

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Thrombosis with Myocardial Infarct	10 hours
420.1 131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic - Cardiovascular - Renal Disease	15 Years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Aug., 1950, to 30 Dec., 1950, that I last saw the deceased alive on 30 Dec., 1950, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE Gordon M. Smith, M.D. (Degree or title) ADDRESS Barnesville, Md DATE SIGNED 30 Dec. 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 2-1951
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) (State) Hyattstown

DATE REC'D BY LOCAL REG. 1/1/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 6 1961
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12470

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) L. (Last) Jackson

4. DATE OF DEATH: (Month) Dec. (Day) 16, (Year) 1950

5. SEX: male

6. COLOR OR RACE: A. A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 59 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Repair

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Jackson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis — Interval between onset and death: 3 weeks

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: L

19b. MAJOR FINDINGS OF OPERATION: L

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): L; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: L; (CITY OR TOWN): L; (COUNTY); (STATE)

TIME OF INJURY (Month): L (Day): (Year): (Hour): m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? L

22. I hereby certify that I attended the deceased from 12/11, 1950, to 12/16, 1950, that I last saw the deceased alive on 12/13, 1950 and that death occurred at 9:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. M. Bird M.D. ADDRESS Silver Spring, Md. DATE SIGNED 12/18/50

23. BURIAL, CREMATION, REMOVAL (Specify); DATE THEREOF 12/20/50; NAME OF CEMETERY OR CREMATORY Round Oak Ch.; LOCATION (City, town, or county) Spencerville, (State) Md.

DATE REC'D BY LOCAL REG. Dec 21/50; REGISTRAR'S SIGNATURE Frances Potter; 24. FUNERAL DIRECTOR R. L. Snowden, ADDRESS Rockville, Md.

RECEIVED
DEC 26 1950
REAU V. S

12471

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 41 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sollmans
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Percy (Middle) (Last) Jackson
4. DATE OF DEATH (Month) 12 (Day) 19 (Year) 1950

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Sept. 11 1888
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY State Road
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Jackson, Md
14. MOTHER'S MAIDEN NAME Mamie Carroll, Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Frank Jackson (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia	2-3 weeks
443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Uremia	Unknown
93d	(c) Hypertensive Cardiovascular Disease	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-17, 1950, to 12-19, 1950 that I last saw the deceased alive on 12-19, 1950 and that death occurred at 7:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willis Welch MD
ADDRESS Rockville MD
DATE SIGNED 12/19/50

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 12/22/50
NAME OF CEMETERY OR CREMATORY Mt. Zion
LOCATION (City, town, or county) (State) Barnesville, Md.

DATE REC'D BY LOCAL REG. 12-22-50
REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR R. L. Snowden, Rockville, Md.
ADDRESS

98898

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 28 1950
BUREAU V. F

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12472

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8428 Piney Branch Ct.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 8428 Piney Branch Ct.

3. NAME OF DECEASED (Type or Print): (First) Johnie (Middle) Elzia (Last) Jenkins

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 6 1911

9. AGE last birthday: 39 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Walter

14. MOTHER'S MAIDEN NAME: Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-03-2918

17. INFORMANT AND ADDRESS: Mrs. Emma Agnes Jenkins - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Heart Disease	6 yrs.
	(c)	

410X
921

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mitral Insufficiency — 3 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1948, to Dec., 1950, that I last saw the deceased alive on Dec. 16, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE: L. B. Snow (Degree or title) M.D. ADDRESS: 914 Sligo Ave. Silver Spring, Md. DATE SIGNED: 12/21/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 23 1950 — NAME OF CEMETERY OR CREMATORY: Burtonsville Union — LOCATION (City, town, or county) (State): Burtonsville, Md.

DATE REC'D BY LOCAL REG.: Dec 22, 1950 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR — ADDRESS: Warner E. Pumphrey, Silver Spring, M

3149

DEC 28 1950
U. S.

12473

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) LENGTH OF STAY (in this place) 136 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY Allen
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrod (rural Lima)
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Laurence (Middle) Clapp (Last) KELTON
4. DATE OF DEATH (Month) Dec. (Day) 26 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 23 July 1905
9. AGE last birthday 45 yrs. If under 1 year Months 5 Days 5 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Massachusetts
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Albert M. KELTON
14. MOTHER'S MAIDEN NAME Harriett CLAPP
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Sister: Mrs. Newman B.CLAPP, Jr. Harrod, O.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebro vascular accident hemorrhage	3½ hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2-3 yrs.
	(c)	

331x
83a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 12, 1950, to Dec. 26, 1950, that I last saw the deceased alive on Dec. 26, 1950, and that death occurred at 12:20 P m., from the causes and on the date stated above.

SIGNATURE B. Thomas (Degree or title) B. THOMAS CDR (MC) USN
ADDRESS U.S. Naval Hospital, Bethesda, Md.
DATE SIGNED Dec. 27, 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-2-51
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REG. Dec. 27 50
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR W.W.Chambers 1400 Chapin St.NW.Wash.,D.C.
ADDRESS

RAA 27860

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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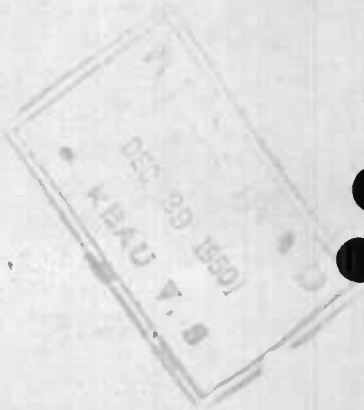
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Evidence for change in 8 shown on:

FILM No. G 129 DEC 12 1950

12474

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 10 hrs 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 6601 Clarendon Rd.

3. NAME OF DECEASED (Type or Print) (First) Berry (Middle) (Kidd) (Last) Kidd

4. DATE OF DEATH (Month) 12 (Day) 3 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 19, 1909
9. AGE last birthday 40 yrs. If under 1 year: Months 11, Days 14; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Oil burner
11. BIRTHPLACE (State or foreign country) Urbana Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Bruno Kidd
14. MOTHER'S MAIDEN NAME Mary Stripp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 218-07-5444
17. INFORMANT AND ADDRESS Mrs. Berry Kidd - 6601 Clarendon Rd. Bethesda Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Aplastic anaemia — INTERVAL BETWEEN ONSET AND DEATH 3 mo.

292.4 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

73d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 29, 1950, to Dec. 3, 1950, that I last saw the deceased alive on Dec 3, 1950, and that death occurred at 5:33 A.m., from the causes and on the date stated above.

SIGNATURE Emil G. Bauersfeld (Degree or title) ADDRESS Bethesda Md DATE SIGNED Dec. 4 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6 Dec 1950
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Suitland, (State) Md.

DATE REC'D BY LOCAL REG. 12-5-50
REGISTRAR'S SIGNATURE Helen Kurvacka
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

336 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 6 1950
U.S. PEAD

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12476

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 50 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 15 Danbury Street, S.E. ✓

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (none) (Last) KING

4. DATE OF DEATH (Month) (Day) (Year): December 6, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 6, 1950

9. AGE last birthday: 00 yrs. If under 1 year: Months 00 Days 00 If under 24 hrs.: Hours 00 Min. 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Lowell E. KING

14. MOTHER'S MAIDEN NAME: Betty Lou BAYMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Father: Lowell E. KING

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Immaturity	50 Min.
761.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Premature of membranes	1 Hour
760.2	(c) Prolapse of Umbilical Cord	4 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 6, 1950 to Dec 6, 1950, that I last saw the deceased alive on Dec 6, 1950, and that death occurred at 4:00 A m., from the causes and on the date stated above.

SIGNATURE: L. M. Harris
(Degree or title) L. M. HARRIS, CAPTAIN, MC, USN
ADDRESS U.S. NAVAL HOSPITAL
DATE SIGNED December 6, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 8, 1950
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Dec 6, 1950
REGISTRAR'S SIGNATURE: Edith Tolettington

24. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey, 7557 Wisconsin Avenue, Bethesda, Maryland.

VS. A15

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RECEIVED
DEC 8 1950
BUREAU

12478

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Cove, Md.
STREET ADDRESS (If rural, give location): 4934 Newport Ave. Wash 16. DC.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Bessie E. Koehler
4. DATE OF DEATH (Month) (Day) (Year): Dec 27 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 27, 1883
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dist. of Columbia
12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: George F Harris
14. MOTHER'S MAIDEN NAME: Ellen Malloy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: No
17. INFORMANT AND ADDRESS: x

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	5 days
260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular Renal Disease	3+ yrs.
61	(c) Diabetes Mellitus	3+ yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to Dec 27, 1950, that I last saw the deceased alive on Dec 27, 1950, and that death occurred at 7:25 P. m., from the causes and on the date stated above.

SIGNATURE: C. H. Richwine (Degree or title) MD. — ADDRESS: 5522 Western Ave Ch. Md. — DATE SIGNED: 28 Dec 50.

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: 12/30/50 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Prince George Co. Md.

DATE REC'D BY LOCAL REG.: 12/28/50 — REGISTRAR'S SIGNATURE: Helen Kurvack
24. FUNERAL DIRECTOR: W. K. Huntemann — ADDRESS: 5732 Georgia Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

12479

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5604 Madison St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penn. COUNTY Allegheny
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsburg
STREET ADDRESS (If rural, give location) 1340 Illinois Ave.

3. NAME OF DECEASED (Type or Print) (First) AGNES (Middle) ALMIRA (Last) KRUMM.

4. DATE OF DEATH (Month) DEC. (Day) 2. (Year) 1950

5. SEX Fe

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH June 11, 1871

9. AGE last birthday 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Greenville, Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Ferguson

14. MOTHER'S MAIDEN NAME Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Edgar T. Krumm.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uraemia	36 hrs.
442X Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular-renal disease	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anaemia 16 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 12, 1950, to Dec. 2, 1950, that I last saw the deceased alive on Dec. 2, 1950, and that death occurred at 11:05 p.m., from the causes and on the date stated above.

SIGNATURE Sidney C. Cousins (Degree or title) M.D. ADDRESS 3921 Ingomar St. N.W. Wash. D.C. DATE SIGNED Dec. 2, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Transit Burial DATE 5 Dec 1950 NAME OF CEMETERY OR CREMATORY Shenango Valley Cem LOCATION (City, town, or county) Greenville (State) Pa.

DATE REC'D BY LOCAL REG. 12-2-50 REGISTRAR'S SIGNATURE Helen Kurvack

24. FUNERAL DIRECTOR Robert H. Humphrey ADDRESS Bethesda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
DEC 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

12480

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4412 Sigsby Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 4412 Sigsby Road

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) O. (Last) Krause
4. DATE OF DEATH: (Month) Dec (Day) 30 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widowed	Nov. 9, 1864	86 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chef - Restaurant Ret.	Restaurant	Germany	

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Mrs. Evelyn M. Tauber, 4412 Sigsby Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden death.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

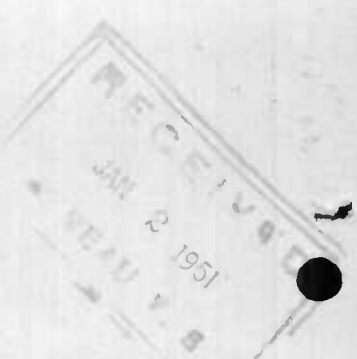
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brockart M.D.		Gaithersburg Md	12-30-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Trans. & Burial	1/2/51	Luthern Cemetery	Queens County, New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 31/50	Frances Potter	Warner & Pumphrey,	8434 Ga. Ave. Silver Spring Maryland

72071

VS. A15A


RECEIVED
JAN 2 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12481

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 52 Beech Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 52 Beech Ave.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) C. (Last) LAWRENCE

4. DATE OF DEATH: (Month) Dec. (Day) 10, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 5 Sept. 1868

9. AGE last birthday: 82 yrs. — If under 1 year: Months 3 Days 5 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret.- Engineer

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Gov't.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Lawrence

14. MOTHER'S MAIDEN NAME: Margaret Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Wm.R.Poore 52 Beech Ave. Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 3 days

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7, 1950, to 12-10, 1950, that I last saw the deceased alive on 12-10, 1950, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE W. Dwyer (Degree or title) M.D. ADDRESS Bethesda, Md. DATE SIGNED 12-11-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 13 Dec 1950 | NAME OF CEMETERY OR CREMATORY: Rock Creek Cem. | LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 12-11-50 | REGISTRAR'S SIGNATURE Helen Kinnach

24. FUNERAL DIRECTOR ADDRESS: Robert A Pumphrey - Bethesda, Md.

35697

RECEIVED
DEC 14 1950
BUREAU P. A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12482

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown; STREET ADDRESS (If rural, give location) Route - 2

3. NAME OF DECEASED (Type or Print): (First) James - (Middle) Walter (Last) Lee

4. DATE OF DEATH: (Month) Dec. (Day) 2 - (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 15 1852

9. AGE last birthday: 98 yrs. 0 mos. 0 days; If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Gertrude Mason (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 18 hours

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility & arterio - sclerosis — 7

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1948, to Dec - 2 -, 1950, that I last saw the deceased alive on Dec - 2 -, 1950, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William E. Miller	M.D.	J. Brooke Dr., Gaithersburg, Md.	

BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	12/6/50	Sugarland	Sugarland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/6/50	Peggy U. Veazey	Robert L. Snowden	Rockville, Md

866 VV

VS. A15

RECEIVED
DEC 8 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12483

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Takoma Park; LENGTH OF STAY (in this place) 2 days 1½ hr	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital	STREET ADDRESS (If rural, give location) 328 Shepherd St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Lena (Middle) (Last) Levin		4. DATE OF DEATH (Month) Dec. (Day) 31 (Year) 1950
5. SEX Fe	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr. 6, 1900	9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Philadelphia, Pennsylvania; 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Charles Lewis		14. MOTHER'S MAIDEN NAME Ray Herson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Patient's Chart

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary Occlusion	12/31/50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Occlusion	4/29/49
	(c) Chr Deg Myocarditis periodic Decomp. since	4/29/49
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	4½ yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/20, 1946, to ...., 19......, that I last saw the deceased alive on 12/31, 1950, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

SIGNATURE Howard Thorne (Degree or title) M.D. ADDRESS 28 Carroll Ave Wash D.C. DATE SIGNED 12/31/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 1-2-51	NAME OF CEMETERY OR CREMATORY Ohev Sholom	LOCATION (City, town, or county) Wash DC (State)
DATE REC'D BY LOCAL REG. 12/31/50	REGISTRAR'S SIGNATURE J. Milton Dodd	24. FUNERAL DIRECTOR B Danzansky & Son	ADDRESS Wash. D.C. 3501-14 St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 4 1951
BUREAU OF S

12484

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 11 Philadelphia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park Md
STREET ADDRESS (If rural, give location): 11 Philadelphia Ave

3. NAME OF DECEASED (Type or Print) (First): EVELYN (Middle): Sweet (Last): LINCOLN

4. DATE OF DEATH (Month) (Day) (Year): Dec 26 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec 18 1864
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward J. Sweet
14. MOTHER'S MAIDEN NAME: Mary A. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Harold J. Lincoln 736 Easley St Sil Spg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 1 day

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — ?

94a (c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1950, to 26 Dec, 1950, that I last saw the deceased alive on 24 Dec, 1950, and that death occurred at 6:30A m., from the causes and on the date stated above.

SIGNATURE: William D. Cand — (Degree or title): MD — ADDRESS: Silver Spring, Md — DATE SIGNED: 26 Dec '50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: 12-29-50 — NAME OF CEMETERY OR CREMATORY: Glenwood — LOCATION (City, town, or county) (State): Washington DC

DATE REC'D BY LOCAL REG.: 12-26-50 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Deal Funeral Home — ADDRESS: 4812 Ga Ave NW

DEC 30 1960
KEAU V. S

12485

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

Montg.

1. PLACE OF DEATH: COUNTY Brookeville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookeville Md
LENGTH OF STAY (in this place) All Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Montgomery COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookeville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) (Linton) (Last) Sinton

4. DATE OF DEATH (Month) 12 (Day) 11 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH August 1865
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY H.W.
11. BIRTHPLACE (State or foreign country) Ireland.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Marie Sinton Brookeville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
592x Immediate cause	(a) Uraemia	4 days
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Interstitial Nephritis.	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8/11, 1950, to 12/14, 1950, that I last saw the deceased alive on 12/9/, 1950, and that death occurred at 4.10 P m., from the causes and on the date stated above.

SIGNATURE J W Bird (Degree or title) M.D. ADDRESS Sandy Spring Md DATE SIGNED 12/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 14-1950
NAME OF CEMETERY OR CREMATORY St Johns Ohio Md
LOCATION (City, town, or county) Montgomery (State) Ohio

DATE REC'D BY LOCAL REG. 12-13-50
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Roy W. Barber Laytonsville Md
ADDRESS

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 20 1950
BUREAU V. S

12486

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 20 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 807 Silver Spring Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 807 Silver Spring Ave

3. NAME OF DECEASED (Type or Print): (First) Otelia (Middle) L (Last) Littlefield

4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 9-20-1889

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Government Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Thorn

14. MOTHER'S MAIDEN NAME: Otelia Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Margt Thom Beacham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Found dead in bed.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
420.1 93d	(c) Hypertension heart disease	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Boerstler M.D. Gaithersburg md 12-1-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/4/50 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery — LOCATION (City, town, or county) (State): Prince Geo. County Md.

DATE REC'D BY LOCAL REG.: Dec 4, 1950 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey 8434 Ga. Ave., Silver Spring, Maryland

26697

RECEIVED
DEC 6 1950
BUREAU U. S

12487

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4826 Chevy Chase Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4826 Chevy Chase Blvd.

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) FRANK (Last) LUCAS

4. DATE OF DEATH (Month) Dec. (Day) 19, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 13 March 1882
9. AGE last birthday 68 yrs. If under 1 year: Months 9, Days 6; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret.-Chemist
10b. KIND OF BUSINESS OR INDUSTRY U.S.Gov't.
11. BIRTHPLACE (State or foreign country) Austria
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Anthony Lukas
14. MOTHER'S MAIDEN NAME Valbourgia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Mary M. Lucas- 4826 Ch.Ch.Blvd. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia	10 Minutes
254X Antecedent cause(s)	(b) Oedema of Larynx	30 "
63d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Thyroiditis (acute)	4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION No
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 1940, to 12/18, 1950, that I last saw the deceased alive on Dec 19, 1950, and that death occurred at 4.55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bradley D Hodgkins MD
ADDRESS 313 W Bradley Lane
DATE SIGNED Dec 19, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE 21 Dec. 1950
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Prince George Co. Md.

DATE REC'D BY LOCAL REG. 12-20-50
REGISTRAR'S SIGNATURE Helen Kurvack
23. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Bethesda, Md.

V0697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 29 1950
BUREAU OF

M

12488

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 313

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg — LENGTH OF STAY (In this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg R.F.D. #3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Dennis (Last) Magruder

4. DATE OF DEATH (Month) Dec (Day) 22 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 12, 1871
9. AGE last birthday 79 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Montgo. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Horace Magruder
14. MOTHER'S MAIDEN NAME Lizzie — ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Eleanor Magruder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock due to 1st, 2nd & 3rd

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) degree burns involving abdomen rt + left thighs and left wrist — 6 days

970
181

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Was blind + deaf.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Gaithersburg (COUNTY) Montg (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 16 '50 9 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? upset kettle of water from stove

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 12-22-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/25/50
NAME OF CEMETERY OR CREMATORY Quince Orchard
LOCATION (City, town, or county) Quince Orchard, (State) Md

DATE REC'D BY LOCAL REG. 12/25/50
REGISTRAR'S SIGNATURE Helen S. Ertenfelder
24. FUNERAL DIRECTOR — ADDRESS Robt. L. Snowden, Rockville, Md

Cor. L. G. Burdette

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VS. A15A

RECEIVED
DEC 29 1950
BUREAU V. S.

12489

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 523 W. Montgomery Ave.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Fenton (Last) Mathers
4. DATE OF DEATH (Month) Dec. (Day) 25 (Year) 1950

5. SEX m
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 22, 1871
9. AGE last birthday 79 yrs. If under 1 year Months 7 Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Employee (retd)
10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov't.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jefferson Mathers
14. MOTHER'S MAIDEN NAME Martha Gantt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Daughter. Mrs. Willian Crawford - 523 W. Mont. Ave., Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Genl Arteriosclerosis	20 years
	(c)	

332x
83b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to 25 Dec, 1950, that I last saw the deceased alive on 24 Dec, 1950, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE W S Humphrey (Degree or title) MD ADDRESS Rockville Md DATE SIGNED 25 Dec 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 28 Dec. 1950
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 12-26-50
REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR Robert A Humphrey ADDRESS Bethesda, Md.

XVX 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12490

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6737 Eastern Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 6737 Eastern Ave

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Robert (Last) McDaniel

4. DATE OF DEATH: (Month) Dec. (Day) 26, (Year) 1950.

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 7, 1890

9. AGE last birthday: 60 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker (Retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hurt, Va.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John McDaniel

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If year, give war or dates of service) WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Willie Janet McDaniel.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Congestive Heart failure — Interval between onset and death: 1 yr +

420.0 Antecedent cause(s) with

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — 15 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral hydronephrosis — 15 + yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1934, to Dec 26, 1950, that I last saw the deceased alive on Dec 16, 1950, and that death occurred at 5:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. F. Ellman MD — ADDRESS 401 Kennedy St NW — DATE SIGNED Dec 26, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Dec. 29, 1950 | NAME OF CEMETERY OR CREMATORY: Arlington Natl Cem | LOCATION (City, town, or county) (State): Arlington Arl. Co. Va.

DATE REC'D BY LOCAL REG. 12-26-50 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: J. Arthur Walters, 257 Carroll St. N.W. — ADDRESS: 3629 Takoma Park 12, D.C.

(OVER)

RECEIVED
DEC 30 1960
VITAL STATISTICS

Dr. Broschard, Coroner, has been notified and authorized me to sign the certificate

W H Allman MD

MARYLAND STATE DEPARTMENT OF HEALTH

12491

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase; LENGTH OF STAY (In this place): sudden; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 34 E. Woodnine Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase; STREET ADDRESS (If rural, give location): 32 Williams Lane

3. NAME OF DECEASED (Type or Print): (First) Dennis (Middle) M. (Last) McKenna

4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 19[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: 16 Apr 1948

9. AGE last birthday: 2 yrs. If under 1 year: Months 7, Days 25; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James A. McKenna

14. MOTHER'S MAIDEN NAME: Becky Rial

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: James A. McKenna, 32 Williams Lane Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to drowning — Interval between onset and death: sudden death

929.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 183 (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: [illegible] pool (CITY OR TOWN): Chevy Chase (COUNTY): Mont (STATE): Md

TIME (Month) (Day) (Year) (Hour) OF INJURY: Dec 11 5th 1 P. m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? Fell in [illegible] pool

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Grant J. Bouchat M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 12-11-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12 Dec 52 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 12-11-50 | REGISTRAR'S SIGNATURE: Helen Kurnack | 24. FUNERAL DIRECTOR ADDRESS: Robert A. Pumphrey - Bethesda, Md.

RECEIVED
DEC 14 1950
BUREAU V. S

Evidence for addition in #18 shown on:

FILM No. G 130 JAN 16 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12492

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville
LENGTH OF STAY (in this place) 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Pinkney (Last) Merson

4. DATE OF DEATH (Month) Dec (Day) 29 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 25, 1880
9. AGE last birthday 70 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grounds keeper
10b. KIND OF BUSINESS OR INDUSTRY golf club
11. BIRTHPLACE (State or foreign country) Prince Geo. Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Nathan Merson
14. MOTHER'S MAIDEN NAME Angenetta Omens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Mary M. Merson, Burtonsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X Immediate cause (a) Pulmonary C. A. — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Cancer of Lung - 1-15-51 - ams)

(c) Acute Cardiac Dilitation — 1 day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1930, to 12 29, 1950, that I last saw the deceased alive on 12 29, 1950, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE B. P. Warren (Degree or title) MD ADDRESS Laurel Md DATE SIGNED 12.29.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/1/51
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) (State) Burtonsville, Maryland

DATE REC'D BY LOCAL REG. Jan 1 - 1951
REGISTRAR'S SIGNATURE Gertrude B Tucker
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md.

1951 rec'd Jan 3 - 51

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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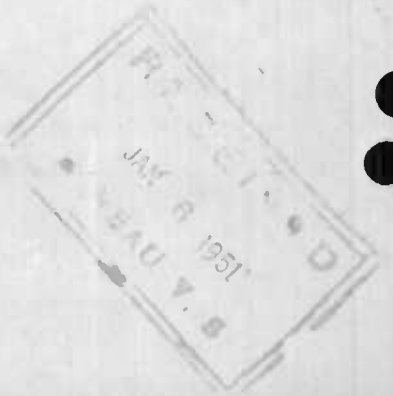

JAN 8 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12493

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 2022 Columbia Rd. N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) Earle (Middle) Calvin (Last) METZ

4. DATE OF DEATH: (Month) December (Day) 28 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 5, 1887

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min. 10 23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S.Navy

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Oliver METZ

14. MOTHER'S MAIDEN NAME: Louisa WELCHANS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1906-42

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS ~~N. W. Wash DC~~ Wife: Cornelia METZ 2022 Columbia Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Mural thrombus, left ventricle	2 wks.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Saddle embolus, descending aorta	1 wk.
	(c) Arteriosclerotic Heart Disease	5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 1950, to Dec. 28, 1950, that I last saw the deceased alive on Dec. 28, 1950, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

F. A. Butler F.A. BUTLER CDR (MC) USN U.S. Naval Hospital, Bethesda Md 12-28-50

23. BURIAL, CREMATION REMOVAL (Specify): Cremation

DATE THEREOF: Dec. 29, 50

NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory

LOCATION (City, town, or county) (State): Suitland Maryland

DATE REC'D BY LOCAL REG. 12-28-50

REGISTRAR'S SIGNATURE: Edwd Whittington

24. FUNERAL DIRECTOR ADDRESS: GAWLERS SONS 1756 Pa.Ave.NW. Wash DC

Per. P. J. Salamone 60896

RECEIVED
DEC 30 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12494

CERTIFICATE OF DEATH

Reg. Dist. No. 223.

1. PLACE OF DEATH: COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md.
LENGTH OF STAY (in this place) 29 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanat Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 4008 47th Street N.W. D.C.

3. NAME OF DECEASED (Type or Print) (First) Mrs Helen (Middle) Buckman (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year) December 8 1950

5. SEX female

6. COLOR OR RACE Caucasion.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Nov. 9 1894

9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Fred. G Thorn.

14. MOTHER'S MAIDEN NAME Annie Buckman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mr Godfrey Thorn 4835 Sedgwick St N.W. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma - Breast — 2 years

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

50 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept. 21 - 1950

19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of left Breast.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) NO (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) NO m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? — —

22. I hereby certify that I attended the deceased from 12-2-, 1950, to 12-8-, 1950, that I last saw the deceased alive on 12-8, 1950, and that death occurred at 9:10 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C.W. Mitchell, MD. ADDRESS 8055 - 13th Silver Spring Maryland DATE SIGNED 12-9-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Dec 7, 1950 NAME OF CEMETERY OR CREMATORY Cedar Hill Cem LOCATION (City, town, or county) Auitland (State) Md

DATE REC'D BY LOCAL REG. 12/9/50 REGISTRAR'S SIGNATURE J. Alton Dodd

24. FUNERAL DIRECTOR J. M. Fee Sons & Co ADDRESS [illegible] Harb. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12495

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 2 mo 5 da; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Districtof Columbia COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 1728 20th Street, NW

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Sanford (Last) MULHERON

4. DATE OF DEATH: (Month) December (Day) 10, (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 8,1899

9. AGE last birthday: 51 yrs. If under 1 year: Months 04 Days 05; If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Naval Officer

10b. KIND OF BUSINESS OR INDUSTRY: US Navy

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edward MULHERON

14. MOTHER'S MAIDEN NAME: Caroline HICKEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY No. - - - - - - -

17. INFORMANT AND ADDRESS: Mother: Caroline MULHERON

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) multiple lung abscesses

148X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 45f (b) carcinoma of pharynx (epidermoid)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 6, 1950, to Dec 10, 1950, that I last saw the deceased alive on Dec 10, 1950, and that death occurred at 6:40 A m., from the causes and on the date stated above.

SIGNATURE: A. J. DELANEY (Degree or title) CAPT, MC, USN ADDRESS U.S. NAVAL HOSPITAL DATE SIGNED December 11,1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 13,1950

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Dec 11, 1950

REGISTRAR'S SIGNATURE: Edith W. Lettington

24. FUNERAL DIRECTOR ADDRESS: Wastler Funeral Home, 301 East Capitol Street, Washington, D.C.

11294

12496

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place) 5 mo. plus
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9713 Connecticut Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 9713 Connecticut Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) JAMES EDWARD MURRAY

4. DATE OF DEATH (Month) (Day) (Year) Dec. 18 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH June 25, 1950
9. AGE last birthday 0 yrs. If under 1 year Months 5 Days 23 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY ----
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Charles A. Murray
14. MOTHER'S MAIDEN NAME Thea Horgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Chas. A. Murray, 9713 Conn. Ave., Kensington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cap. Bronchitis — INTERVAL BETWEEN ONSET AND DEATH 3 days

472.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pharyngitis

107 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1950, to Dec 18, 1950, that I last saw the deceased alive on Dec 17, 1950, and that death occurred at 7A m., from the causes and on the date stated above.

SIGNATURE John H Brien (Degree or title) ADDRESS 4801 Conn DATE SIGNED 12/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/19/50
NAME OF CEMETERY OR CREMATORY St. John's Catholic Cemetery
LOCATION (City, town, or county) Montgomery County (State) Md.

DATE REC'D BY LOCAL REG. 12-19-50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E Pumphrey ADDRESS 8434 Ga. Ave., Silver Spring Maryland

2.06250373 99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 23 1950
BUREAU V. S.

12497

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darnestown, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darnestown.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) JANE (Last) NAYLOR

4. DATE OF DEATH (Month) December (Day) 11 (Year) 1950

5. SEX Female

6. COLOR OR RACE A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Oct. 18, 1908

9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Naylor

14. MOTHER'S MAIDEN NAME Henny Pears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT George Naylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic Carcinoma	3 months
175X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) carcinoma of left ovary	2 years.
49a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Oct, 1950, to 11 Dec, 1950, that I last saw the deceased alive on 24 Nov, 1950, and that death occurred at 6:20 P.m., from the causes and on the date stated above.

SIGNATURE John C. Fawcett (Degree or title) M.D. ADDRESS Boyds, Md DATE SIGNED 11 Dec 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 12/18/50

NAME OF CEMETERY OR CREMATORY Martinsburg

LOCATION (City, town, or county) (State) Martinsburg, Md

DATE REC'D BY LOCAL REG. 12/16/50

REGISTRAR'S SIGNATURE Peggy Y. Veaney Rev. Luther G. Burch Jr.

24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12498

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 1 mo 25 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San and Hosp Takoma Pk-MD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 3121 - 16th St. N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) - (Last) Nelson

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: August 16, 1890

9. AGE last birthday: 60 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Hartley

14. MOTHER'S MAIDEN NAME: Agnes Mc Cready

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Emphysema

274 X 654 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchial Asthma — 1 yr.

(c) Adrenal insufficiency — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 19 50, to Dec. 25, 19 50, that I last saw the deceased alive on 12-24, 19 50, and that death occurred at 8 50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

DeVoe K. Meade M.D. Takoma Park 12, Md 12-25-50

23. BURIAL, CREMATION REMOVAL (Specify) Transit to Burial

DATE THEREOF 12/28/50

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) West Alexandria Va

DATE REC'D BY LOCAL REG. 12/28/50

REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR The D.H. Hines Co ADDRESS 2901-14th St. N.W. Wash. D.C.

DEC 28 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12499

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; MARYLAND; LENGTH OF STAY (in this place) 5 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Massachusetts; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~165~~ Quincy; STREET ADDRESS (If rural, give location) 165 Granite Street

3. NAME OF DECEASED (Type or Print): (First) Petev (Middle) Alfred (Last) Nelson

4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 10-17-69

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Custodian

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Sven Nelson

14. MOTHER'S MAIDEN NAME: Christina Svenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute myocardial Failure — Interval Between Onset and Death: 30 hrs.

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 10 years

938 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 9, 1950, to Dec. 10, 1950, that I last saw the deceased alive on Dec. 10, 1950, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul Haak M.D. 8801 Colesville Road, Silver Spring Md 12/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Interment; DATE THEREOF 12/11/50; NAME OF CEMETERY OR CREMATORY Mt. Wollaston; LOCATION (City, town, or county) Quincy, Mass. (State)

DATE REC'D BY LOCAL REG. 12/11/50; REGISTRAR'S SIGNATURE J. Wilbur Dodd

24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901-14th St. N.W. Wash. D.C.

60294

RECEIVED
DEC 14 1960

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12500

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 831 Gist Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 831 Gist Avenue

3. NAME OF DECEASED (Type or Print): (First) William (Middle) A. (Last) Parker

4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 25, 1867

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ass't Gardiner

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James A. Parker

14. MOTHER'S MAIDEN NAME: Ann M. Trucks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mr. Vernon A. Parker, 408 St. Lawrence Dr. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 6 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to Dec 14, 1950, that I last saw the deceased alive on Dec. 12, 1950, and that death occurred at 10:25P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sanford L. Randall, M.D. 7730 Eastern ave. N.W. D.C. 12/14/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/18/50

NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

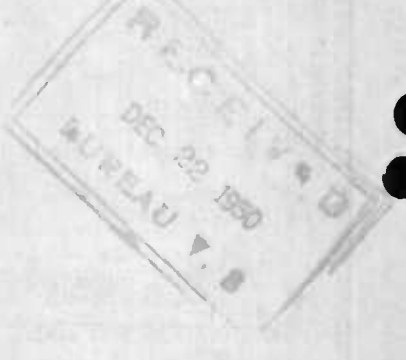
LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: 12-18-50

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR ADDRESS: Harvey L. Pumphrey, 8434 Ga. Ave., Silver Spring Maryland

866 97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DEC 22 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12501

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY in this place 2 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1508-Ballard St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 115-36-St. NE.

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) B. (Last) PETTIT

4. DATE OF DEATH: (Month) DEC. (Day) 22- (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out) WIDOWED

8. DATE OF BIRTH: 6-8-56

9. AGE Last birthday: 94 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): STAFFORD Co. VA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs A.R. Perkins 5343-Nevada Ave Wash D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive Heart Failure	9 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic Heart disease 420.0	10 yrs.
	(c) Thrombo-Phlebitis Left Leg 932	9 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Partial-intestinal obstruction.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6, 1950, to Dec 22, 1950, that I last saw the deceased alive on 12/22, 1950, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Francis L Richardson M.D. ADDRESS 7717-Alaska Ave N.W. Wash D.C. DATE SIGNED 12/26/50

23. BURIAL, CREMATION OR REMOVAL (Specify) BURIAL; DATE THEREOF 12-26-50; NAME OF CEMETERY OR CREMATORY CONGRESSIONAL; LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. Dec 26, 1950; REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR W.W. Chambers Co ADDRESS 517 11th St SE

VS. A15

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DEC 29 1950

12502

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookville
STREET ADDRESS (If rural, give location) Brookville, Md.

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) RAPP

4. DATE OF DEATH (Month) Dec. (Day) 18 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec. 18, 1950
9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours 1 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montgomery Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph M. Rapp
14. MOTHER'S MAIDEN NAME Norma E. Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Father- Brookville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PREMATURITY	ONE HOUR
776X Antecedent cause(s)		
159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 18, 1950, to Dec 18, 1950, that I last saw the deceased alive on Dec. 18, 1950, and that death occurred at 9:45P m., from the causes and on the date stated above.

SIGNATURE J. S. Rosenberger (Degree or title) M.D. ADDRESS Rockville Md. DATE SIGNED 12/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12/19/50
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) (State) Gaithersburg, Md.

DATE REC'D BY LOCAL REG. 12-18-50
REGISTRAR'S SIGNATURE Gertrude B Fowler
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

20V180333240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 23 1950
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12503

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falls Church
STREET ADDRESS (If rural, give location) 529 Belleview Drive

3. NAME OF DECEASED (Type or Print) (First) Carol (Middle) Ann (Last) RASMUSSEN
4. DATE OF DEATH (Month) December (Day) 2, (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov 28, 1950
9. AGE last birthday 00 yrs. If under 1 year Months 00 Days 05 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - - - - - -
10b. KIND OF BUSINESS OR INDUSTRY - - - - -
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Jonathan Q. RASMUSSEN
14. MOTHER'S MAIDEN NAME Jeanne LATHAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO. - - - - -
17. INFORMANT AND ADDRESS Father: Jonathan Q. RASMUSSEN

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) atelectasis	5 d
762.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) bronchopneumonia	7 d
107	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 28, 1950, to Dec 2, 1950, that I last saw the deceased alive on Dec 2, 1950, and that death occurred at 10:25A m., from the causes and on the date stated above.

SIGNATURE S. J. WINTER, CDR, MC, USN (Degree or title) ADDRESS U.S. NAVAL HOSPITAL DATE SIGNED December 4, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 5,1950
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. Dec 4, 1950
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR R. A. Pumphrey, 7557 Wisconsin Avenue, Bethesda, Maryland. ADDRESS

2 0X280278404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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12504

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 806 Houston Ave

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) Madeline (Last) Ray
4. DATE OF DEATH (Month) 12 (Day) 15 (Year) 1950

5. SEX Fe
6. COLOR OR RACE Italian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 12-8-1901
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank Arrabito
14. MOTHER'S MAIDEN NAME Josephine Demageao

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hosp Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Brain tumor - right side of pons, cerebellum & spinal nerves.

237 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Type undetermined)

57d (c)

INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31, 1944, to Dec. 15, 1950, that I last saw the deceased alive on Dec. 14, 1950, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE W. F. McNeill, M.D. (Degree or title) ADDRESS Silver Spring, Md. DATE SIGNED 12/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 19, 1950
NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
LOCATION (City, town, or county) Chicago, (State) Illinois

DATE REC'D BY LOCAL REG. 12/15/50
REGISTRAR'S SIGNATURE J. Milton Nodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St NW. D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12505

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22 B

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 4 mo - 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital, Takoma Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN K.F. D 6 Riggs Road
STREET ADDRESS (If rural, give location) Hyattsville, Maryland

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Plummer (Last) Rhine
4. DATE OF DEATH (Month) 12 (Day) 10 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 6-6-1875
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith (SELF)
10b. KIND OF BUSINESS OR INDUSTRY Blacksmith
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? America
13. FATHER'S NAME James Rhine
14. MOTHER'S MAIDEN NAME Emily Owens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS Washington Sanitarium.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Adenocarcinoma of colon	11 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adenocarcinoma of bladder	6 mos
	(c)	

153X
46e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6-7-50
19b. MAJOR FINDINGS OF OPERATION Tumor of Rectosigmoid colon
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3, 1950, to 12-10, 1950, that I last saw the deceased alive on 12-9, 1950, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE Paul V. Starr, M.D. (Degree or title) ADDRESS Takoma Park, Md. DATE SIGNED 12-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/13/1950
NAME OF CEMETERY OR CREMATORY St John's the Evangelist's Cem
LOCATION (City, town, or county) Forest Lawn Mo Silver Spring, Montgomery, Md (State)

DATE REC'D BY LOCAL REG. Dec. 11, 1950 Dec. 13, 1950
REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy) J. Wilson Dodd, Registrar
24. FUNERAL DIRECTOR W W Chambers Co ADDRESS Riverdale Md.

30885

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
DEC 14 1980
BY MEAL V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12506

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Rockville Md; LENGTH OF STAY (in this place): 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Rockville Md; STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FLOYD	LESLIE	RIDDEON	Dec	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Feb 7 1900	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Frederick Co Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Rideon	Alice Bettinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	War I	220.16.4073 Mrs. Floyd Rideon Germantown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Embolism	Seconds
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Heart Disease	20 years
	(c)	

416 X 950

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from March, 1949, to Dec, 1950, that I last saw the deceased alive on Dec 9, 1950, and that death occurred at about 3 20 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jack Schumacher	M.D.	Gaithersburg, Md.	Dec. 17, 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 19, 1950	Walkersville Md	Frederick Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-17-50	Gertrude B Lawler	E. C. Barton	Walkersville Md

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DEC 22 1950

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 37 hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital	STREET ADDRESS (If rural, give location): 3501 13th Street, NW ✓

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Stanley	(Last) ROBINSON	4. DATE OF DEATH	(Month) December (Day) 15, (Year) 1950
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Sept 9,1921	9. AGE last birthday: 29 yrs.	If under 1 year: Months 03 Days 07; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Messenger	10b. KIND OF BUSINESS OR INDUSTRY: US Gov't	11. BIRTHPLACE (State or foreign country): Washington, D.C.	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: John ROBINSON	14. MOTHER'S MAIDEN NAME: Eleanor TONEY				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW II	16. SOCIAL SECURITY NO.: - - - - - -	17. INFORMANT AND ADDRESS: Wife: Gloria ROBINSON			

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bleeding oesophageal varian	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cirrhosis, liver, haemnecis.	Unknown
	(c)	

581.1
124a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 13, 1950, to Dec 15, 1950, that I last saw the deceased alive on Dec 15 1950, and that death occurred at 2:12 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. C. Buchanan			
G. C. BUCHANAN, LTJG, MCR, USNR		U.S. NAVAL HOSPITAL	December 15,1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: Dec. 19, 1950	NAME OF CEMETERY OR CREMATORY: Arlington National	LOCATION (City, town, or county) (State): Arlington, Virginia
DATE REC'D BY LOCAL REG.: Dec 15,1950	REGISTRAR'S SIGNATURE: Edith Whittington	24. FUNERAL DIRECTOR C.B.C.	ADDRESS: Frazier Funeral Home, 389 Rhode Island Avenue, NW, Washington, D.C.

22497

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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AGE etc: aff. of informant filmed G129 12-27-50 LL

12508

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 22 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Travilla
STREET ADDRESS (If rural give location) Glen Road

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) (Last) Rucker
4. DATE OF DEATH (Month) Dec (Day) 14 (Year) 1950

5. SEX M
5. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH ~~Abutt~~ 1898
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer gardner
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Virginia AGE: 50 yrs. 11 mos. 19 ds.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Rucker
14. MOTHER'S MAIDEN NAME Laura Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World war 1
16. SOCIAL SECURITY NO. 216-16-5643
17. INFORMANT

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock due to 1st and 2nd degree	22 hrs
916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Burns over practically entire body	
180	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home
(CITY OR TOWN) Rockville (Travilla) (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) Dec (Day) 13 (Year) 50 (Hour) 8 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? home caught fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 12-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/21/50
NAME OF CEMETERY OR CREMATORY ~~Baltimore Natl Cemetery~~
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REC. 12-15-50
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR Chas H Cooper ADDRESS 512 Carrollton Av

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 18 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12509

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville Rural
LENGTH OF STAY (in this place) 10 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falls
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Margaret (Last) Rutter

4. DATE OF DEATH: (Month) Dec (Day) 28 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Jan 7-1877 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House keeper | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Rutter | 14. MOTHER'S MAIDEN NAME: Rebecca Lanham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: John W. Rutter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Insufficiancy (Myocarditis, Acute)	10 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Selerotic - Cardio Vascular disease	10 years.
	(c) with	

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION: None | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1950, to 28 Dec, 1950, that I last saw the deceased alive on 28 Dec, 1950, and that death occurred at 9:02 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gordon M Smith	M.D	Barnesville, Md	29 Dec. 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	Dec 30-50	Chesnut Grove	Windsor Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 30. 1950	Charles W. Elgin per D.J.E.	William B. Hillard	52086 Barnesville, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 7 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C.; COUNTY Dist Col.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) 1875 Mintwood Pl, N.W.

3. NAME OF DECEASED (Type or Print): (First) Jeannie (Middle) Sheriff (Last) Schars

4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Sept 18, 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife-Ret Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Bureau U.S.-D.C.

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Sheriss

14. MOTHER'S MAIDEN NAME: Susan B. Rothwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 579-32-8288

17. INFORMANT AND ADDRESS: John G Schars - 6928 Hampton La Bethesda Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute myocardial infarction	6 hours
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Coronary heart disease	Chronic
420.1 93d	(c) (arteriosclerotic)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19 35, to Dec 27, 19 50, that I last saw the deceased alive on Dec 27, 19 50, and that death occurred at 2 30 P m., from the causes and on the date stated above.

SIGNATURE: E W. Nichols (Degree or title) M.D. ADDRESS 2200 - 19th St. N.W. DATE SIGNED 12/27/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12-29-50	Rock Creek Cem.	Wash, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12-27-50	Helen Burnett	Joseph Gawler, 1756 Pa Ave. N.W.

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MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 40 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 626 Lexington Place, N.E.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (none) (Last) SCHILASKY

4. DATE OF DEATH: (Month) (Day) (Year) December 2, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 18, 1872

9. AGE Last birthday: 78 yrs. If under 1 year: Months 10 Days 15; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Naval Officer

10b. KIND OF BUSINESS OR INDUSTRY: Armed Forces

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? NUS

13. FATHER'S NAME: Not known

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: - - - - -

17. INFORMANT AND ADDRESS: Wife: Clara SCHILASKY

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction — Interval Between Onset and Death: 1 month

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1950, to Dec 2, 1950, that I last saw the deceased alive on Dec 2, 1950 and that death occurred at 1:35 P m., from the causes and on the date stated above.

SIGNATURE: E. M. SPAULDING
(Degree or title): CDR MC USN
ADDRESS: U.S. NAVAL HOSPITAL
DATE SIGNED: December 3, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Dec 5, 1950
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Dec 3, 1950
REGISTRAR'S SIGNATURE: Edith Worthington

24. FUNERAL DIRECTOR ADDRESS: Lee Funeral Home, 4th & Mass. Avenue, NE, Washington, D.C.

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AT DEAD W.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12512

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural — LENGTH OF STAY (In this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 215 13th Street, S.E.

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) (none) (Last) SCHLETTY

4. DATE OF DEATH: (Month) December (Day) 11, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr 8, 1887

9. AGE last birthday: 63 yrs. — If under 1 year: Months 08 Days 04 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Chris SCHLETTY

14. MOTHER'S MAIDEN NAME: Rose ZELLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. - - - - -

17. INFORMANT AND ADDRESS: Wife: Elizabeth SCHLETTY

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the Lung — 1 yr

163x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

472

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 11, 1950, to Dec 11, 1950, that I last saw the deceased alive on Dec 11, 1950, and that death occurred at 2:00 P m., from the causes and on the date stated above.

SIGNATURE C. R. Nuckolls (Degree or title) ADDRESS DATE SIGNED

C. R. NUCKOLLS, CDR, MC, USNR U.S. NAVAL HOSPITAL December 11, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 14, 1950 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Dec 11, 1950 — REGISTRAR'S SIGNATURE: Elsie Wolfington

24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers, 517 11th Street, S.E. Washington, D.C. Per M.T. 2?

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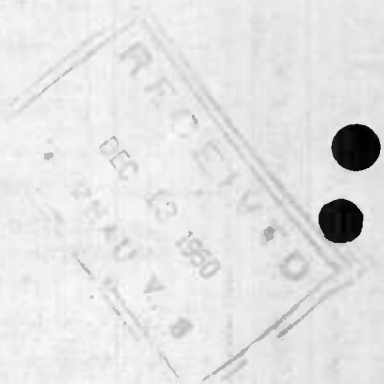
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1220 N Street, NW

3. NAME OF DECEASED (Type or Print) (First) Donald (Middle) John (Last) SCHROCK
4. DATE OF DEATH (Month) (Day) (Year) December 4, 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec 4, 1950
9. AGE last birthday 00 yrs. If under 1 year Months 00 Days 00 If under 24 hrs. Hours 06 Min. 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - - - - - - - -
10b. KIND OF BUSINESS OR INDUSTRY - - - - - -
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME John Donald SCHROCK
14. MOTHER'S MAIDEN NAME Catherine Louise ZIMMERMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - -
16. SOCIAL SECURITY No. - - - - -
17. INFORMANT AND ADDRESS Father: John D. SCHROCK

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) intraventricular hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) atelectasis (congenital)

(c)

760.0
160a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work [ ] Not While At work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 4, 1950, to Dec 4, 1950, that I last saw the deceased alive on Dec 4, 1950, and that death occurred at 4:25 P m., from the causes and on the date stated above.

SIGNATURE S. J. WINTER, CDR, MC, USN (Degree or title) ADDRESS U.S. NAVAL HOSPITAL DATE SIGNED December 5, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 6, 1950
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REG. Dec 5, 1950
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR ADDRESS Hysong Funeral Home, 1300 N Street, NW, Washington, D.C.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (In this place) 46 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stafford
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Nannie (Middle) Maria (Last) Shackleffe

4. DATE OF DEATH: (Month) Dec (Day) 10 (Year) 1950

5. SEX: F | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Oct 25 - 1877 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Adams Bryan | 14. MOTHER'S MAIDEN NAME: Margaret N. Morton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Hosp record.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thoracic Hemorrhage due to — 1 hr. 15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest
(c) Fall
978X
164a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture left ankle & left knee, fracture of shoulder

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital | (CITY OR TOWN) Takoma Park | (COUNTY) Monty | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 12 10 50 10 Am. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Jumped from 3rd floor porch

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Beuchart | (Degree or title) | ADDRESS: Hagerstown Md | DATE SIGNED: 12-10-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/13/50 | NAME OF CEMETERY OR CREMATORY: Stafford | LOCATION (City, town, or county) (State): Stafford Co Va

DATE REC'D BY LOCAL REG.: Dec 12/50 | REGISTRAR'S SIGNATURE: Frances Potter | 24. FUNERAL DIRECTOR: W. W Chambers Co | ADDRESS: 1400 Chapin Wash. D.C.

RECEIVED
DEC 14 1950

Register Chapel
Cemetery

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12515

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 19 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington; STREET ADDRESS (If rural, give location) 2308 S.Ives Street ✓

3. NAME OF DECEASED (Type or Print): (First) Eleanor (Middle) Neider (Last) SHRYOCK

4. DATE OF DEATH: (Month) December (Day) 10 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 27 1914

9. AGE last birthday: 36 yrs. If under 1 year: Months 6 Days 12 If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Jacob D. NEIDER

14. MOTHER'S MAIDEN NAME: Mary ECKEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: ~~2308 S.Ives Arl.Va.~~ Husband: Raymond de S. SHRYOCK

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.0 **Immediate cause** (a) Chronic Hepatitis

124 b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ___

(c) ___

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20, 1950, to Dec. 10, 1950, that I last saw the deceased alive on Dec. 10, 1950, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE: M.E. Roudebush (Degree or title) M.E. ROUDEBUSH CDR (MC) USN | ADDRESS U.S. Naval Hospital Bethesda Md | DATE SIGNED Dec.10'50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12 Dec 50 | NAME OF CEMETERY OR CREMATORY Holy Sacrament Cemetery | LOCATION (City, town, or county) Greensburg (State) Pennsylvania

DATE REC'D BY LOCAL REG. Dec 10 '50 | REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR W.W.Chambers | ADDRESS 3072 M St NW Wash D.C.

RECEIVED
DEC 12 1990
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12516

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 3 mo 11 da; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 3315 17th Street, NW ✓

3. NAME OF DECEASED (Type or Print): (First) Arthur; (Middle) Bernard; (Last) SMITH

4. DATE OF DEATH: (Month) December; (Day) 3; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Nov 15, 1921

9. AGE last birthday: 29 yrs. If under 1 year: Months 00; Days 19; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: US Gov't

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Bernard E. SMITH

14. MOTHER'S MAIDEN NAME: Lecline S. SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. - - - - - -

17. INFORMANT AND ADDRESS: Mother: Lecline SMITH

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic Heart Disease — Interval Between Onset and Death: 16 yrs.

416X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

95b

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 23, 1950, to Dec 3, 1950, that I last saw the deceased alive on Dec 3, 1950, and that death occurred at 9:55 A m., from the causes and on the date stated above.

SIGNATURE: R. O. Peckinpaugh, LTJG, MC, USN (Degree or title) ADDRESS: U.S. NAVAL HOSPITAL DATE SIGNED: December 4, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec 6, 1950

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Dec 4, 1950

REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR AND ADDRESS: Chambers Funeral Home, 3072 M St., NW, Washington, D. C.

20697

VS. A15

RECEIVED
DEC 6 1950
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12517

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Unity Md — LENGTH OF STAY (in this place) 3 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Unity Md — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) — (Last) SNOW

4. DATE OF DEATH: (Month) DEC (Day) 26 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Sept 16 1867

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Non

10b. KIND OF BUSINESS OR INDUSTRY: non

11. BIRTHPLACE (State or foreign country): Baltimore City MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: THOMAS SNOW

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mrs Carrie Hall Unity Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 49, to Dec 26, 1950, that I last saw the deceased alive on Dec 26, 1950, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. — ADDRESS Clarksville Md. — DATE SIGNED 12/27/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 28 1950 — NAME OF CEMETERY OR CREMATORY Lowden Park — LOCATION (City, town, or county) Baltimore — (State) MD

DATE REC'D BY LOCAL REG. 12/28/50 — REGISTRAR'S SIGNATURE Lorraine D Bell — 24. FUNERAL DIRECTOR Roy W Barber — ADDRESS Cockeysville MD

RECEIVED
DEC 30 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

12518

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7904 Wisconsin Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (or rural, give location) 7904 Wisconsin Ave.,

3. NAME OF DECEASED (Type or Print): (First) Berton (Middle) D. (Last) Snyder

4. DATE OF DEATH: (Month) Dec (Day) 23 (Year) 19[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3 Jan 1907

9. AGE last birthday: 43 yrs. — If under 1 year: Months 11 Days 20 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardener

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bert Snyder

14. MOTHER'S MAIDEN NAME: Anna Myzzaine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 577-09-6487

17. INFORMANT AND ADDRESS: Andrew Snyder — 9315 Longbranch Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Fred J Borchart M.D. — Gaithersburg Md — 12-23-50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation — DATE THEREOF 12/20/50 — NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory — LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REG. 12-26-50 — REGISTRAR'S SIGNATURE Helen Kurvach — 24. FUNERAL DIRECTOR — ADDRESS Robert A. Pumphrey - Bethesda, Md

8660

VS. A15A

RECEIVED
DEC 20 1950
BUREAU V. S

12519

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

Montg. Maple Lane Nursing Home

1. PLACE OF DEATH: COUNTY SILVER SPRING MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,000 GA. AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY ?
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 12 Sycamore ave

3. NAME OF DECEASED (Type or Print) (First) Isabella (Middle) F. (Last) STRUNK

4. DATE OF DEATH (Month) 12 (Day) 30 (Year) 1950

5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH 11/9/64 | 9. AGE last birthday 86 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Scotland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown | 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Frank R Strunk Son 12 Sycamore ave Tak Pk Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) ACUTE MYOCARDITIS

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CHRONIC MYOCARDITIS

(c) SENILITY

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1949, to 30 Dec, 1950, that I last saw the deceased alive on 21 Dec, 1950, and that death occurred at 2:40 A.m., from the causes and on the date stated above.

SIGNATURE Henry Jay Lowden (Degree or title) M.D ADDRESS 1603 19TH ST. N.W Washington D.C DATE SIGNED 30 Dec 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 1/2/51 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery | LOCATION (City, town, or county) P. Geo Cty (State) md

DATE REC'D BY LOCAL REG. 12/29/50 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR The S H Hiner Co ADDRESS 2901 14TH ST NW WASH. DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN. 4 1951

12520

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co Gen Hosp Inc

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sandy Spring MD
STREET ADDRESS (If rural, give location) Olney MD

3. NAME OF DECEASED (Type or Print) (First) Eli (Middle) (Last) Tucker
4. DATE OF DEATH (Month) 12 (Day) 26 (Year) 1950

5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug 15 1878
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) day labor
10b. KIND OF BUSINESS OR INDUSTRY on Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Benjamin C Tucker
14. MOTHER'S MAIDEN NAME Susan Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Miss Ella L Tucker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
480x	Immediate cause	(a) Bronchal Pneumonia	4 days
33a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Influenza 33a	8 days
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12/23/, 1950, to 12/26, 1955, that I last saw the deceased alive on 12/25/, 1950, and that death occurred at 3.15 a m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Sandy Spring Md DATE SIGNED 12/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 28 1950
NAME OF CEMETERY OR CREMATORY Burtonsville Union
LOCATION (City, town, or county) (State) Montgomery Co Md

DATE REC'D BY LOCAL REG. 12-26-50
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Roy W Barber Burtonsville Md ADDRESS

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 6 1951
U.S.

12521

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brookeville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) (Last) Wilson

4. DATE OF DEATH: (Month) December (Day) 20 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2/27/05

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Washington Evely

14. MOTHER'S MAIDEN NAME: Frances Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	6 months
416X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 951	(b) Rheumatic Heart Disease	2-3 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1950, to Dec, 1950, that I last saw the deceased alive on Dec 20, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE: Richard A. Yates (Degree or title) M.D. ADDRESS: Olney, Md. DATE SIGNED: 12/20/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec 22. 1950 — NAME OF CEMETERY OR CREMATORY: Laytonsville Md — LOCATION (City, town, or county) (State): Montgomery Co Md

DATE REC'D BY LOCAL REG.: 12-21-50 — REGISTRAR'S SIGNATURE: Barbara B Fowler — 24. FUNERAL DIRECTOR: Roy W Barber — ADDRESS: Laytonsville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 27 1950
BUREAU OF

12522

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4465 Q Street, NW ✓

3. NAME OF DECEASED (Type or Print) (First) Virginia (Middle) Allen (Last) WINFREY
4. DATE OF DEATH (Month) (Day) (Year) December 12, 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec 8, 1950
9. AGE last birthday 00 yrs. If under 1 year Months 00 Days 05 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - - - - - - -
10b. KIND OF BUSINESS OR INDUSTRY - - - - -
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Allen WINFREY
14. MOTHER'S MAIDEN NAME Virginia CORBIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO. - - - - - -
17. INFORMANT AND ADDRESS Father: John A. WINFREY

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH 5 d

Immediate cause (a) Erythroblastosis

770.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Kernicterus.

161c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 8, 1950, to Dec 12, 1950, that I last saw the deceased alive on Dec 12, 1950, and that death occurred at 7:05 P m., from the causes and on the date stated above.

SIGNATURE: S. J. Winter (Degree or title) ADDRESS DATE SIGNED
S. J. WINTER, CDR, MC, USN U.S. NAVAL HOSPITAL, December 13, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 14, 1950
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. Dec 13, 1950
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR ADDRESS Jos. Gawler's Sons, 1756 Penn. Ave, N.W., Washington, D. C. J.S.E.

20 V080 353 364

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 14 1950
MIAMI, FLA.

MARYLAND STATE DEPARTMENT OF HEALTH

12523

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place): 14 mos 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburb

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Col; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 119 V. Arnum St NW

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Adam (Last) Wolfe

4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 1, 1874

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Government Asst Chief - Bur. of

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: John Adam Wolfe

14. MOTHER'S MAIDEN NAME: Sarah Frances Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebrovascular accident	10 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1950, to 19 Dec., 1950, that I last saw the deceased alive on 19 Dec, 1950, and that death occurred at 1:19 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herbert Martyn Jr	MD	5029 Bethesda Ave, Beth.	19 Dec 50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	12/22/50	Rock Creek	Wash, DC.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-20-50	Helen Kurrach	Chevy Chase	5101 Wisc. NW

RECEIVED
DEC 20 1950
BUREAU Y